Arkansas Medicaid Inpatient Quality Incentive Specifications Manual SFY 2026

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A PARTNERSHIP OF
THE ARKANSAS DEPARTMENT OF HUMAN SERVICES,
THE ARKANSAS FOUNDATION FOR MEDICAL CARE (AFMC)
AND THE ARKANSAS HOSPITAL ASSOCIATION

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ARKANSAS DEPARTMENT OF HUMAN SERVICES

Table of Contents

Introduction

This manual is the AFMC Data Abstraction Specifications and Guidelines for the Inpatient Quality Incentive project for SFY2026. The measures were carefully selected to improve care for a large number of Arkansans, including Arkansas Medicaid beneficiaries.

The AFMC data collection tool, AMART, will be available for hospitals to begin collecting the data for 3rd Quarter 2025 and 4th Quarter 2025 discharges.

The criteria were developed jointly by Arkansas Medicaid, the Arkansas Hospital Association, AFMC and the advisory committee, which is made up of hospital quality professionals.

This manual describes the data elements required to collect and submit the data for the Obstetric (OBS), Tobacco Treatment (TOB), Behavioral Health Screening (BHS),, and Opioid measures (OPI).for the Medicaid Inpatient Quality Incentive program for SFY 2026. 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), Behavioral Health Screening (BHS), and Opioid (OPI) measures.

Please note: all highlighted text is new for SFY2026

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 which provide the necessary direction for abstracting a data element. It is important to utilize the information found in the notes and guidelines when entering or selecting the most appropriate answer.

Suggested data sources

- Unless otherwise specified in the data element, the Suggested Data Sources are listed in alphabetical order, NOT priority order.
- 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, list a priority in which the sources should be used or may restrict documentation by only physician/advanced practice nurse/physician

assistant. If so, these sources will be identified and labeled as “Excluded Data Sources,” “ONLY ACCEPTABLE SOURCES,” “Priority Source,” or “PHYSICIAN/APN/PA DOCUMENTATION ONLY.”

- 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 database.”

  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., “labs drawn” is an unacceptable term for Sepsis Initial Lactate Level Collection and should not be abstracted as a positive finding). **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.

IQI Medicaid Inpatient Quality Incentive Criteria

State Fiscal Year 2026

Overview

The IQI SFY2026 Medicaid Inpatient Quality Incentive program aims to identify and reward hospitals that provide a higher level of care to Arkansas Medicaid beneficiaries. The program will focus on five 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 Q3 and Q4 of 2025.
- Hospitals must pass 80 percent of the eligible measures (see thresholds).
- If the measure denominator is zero after data analysis, the hospital will not be eligible for that measure.
- Hospitals must pass validation.

Bonus payments

- Qualifying PPS hospitals will receive 5.9 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 not eligible for a bonus payment that would like to participate in the evaluation for recognition will have the same requirement.

Performance Measures: OBS 4 and 6; BHS 1 and 2; OPI 1

- **Threshold 1**: Performance in Q3 and Q4 of 2025 at or above the 95th percentile from Q3 and Q4 of 2024.
    - *Exceptions:* OBS 4 performance must be 2 percent or below; OBS 6 must be 23 percent or below; and OPI 1 must be 17 percent or below for combined Q3 and Q4 of 2025.
- **Threshold 2**: Hospitals must achieve a 35-percent reduction in failure rate based on submitted data from Q3 and Q4 of 2024.
    - *Exceptions:* OBS 4 performance must be 2 percent or below; OBS 6 must be 23 percent or below; and OPI 1 must be 17 percent or below for combined Q3 and Q4 of 2025.
- **BHS:** Hospitals must achieve 50 percent minimum performance to pass.

Submission measures: OBS 5, OBS 10, and TOB 3

- **OBS 5**: Hospitals will abstract and submit 100% of their OBS Newborn population.

- **OBS 10**: Hospitals will abstract and submit 100% of their OBS Mother population.
- **TOB 3**: Hospitals will abstract and submit the minimum sample required of their TOB population.

Outcome measure OBH 1

- **OBH 1:** Severe Maternal Morbidity
  Threshold: 20 percent or below (per 1000 deliveries)

Sampling requirements

- AFMC will provide a monthly Arkansas Medicaid case count per topic.
- 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 measures. Hospitals will abstract 100 percent of their OBS Medicaid population.
- The monthly patient list will be based on Arkansas Medicaid**-paid** claims (either primary or secondary if paid by Medicaid). This number may differ from the actual number of cases a hospital has during a quarter.

Validation

- Two randomly selected charts from each topic per quarter for Q3 and Q4 of 2025 will be requested for validation.
- OBH 1 will not have charts validated.
- A combined score of 80 percent across both quarters will be required to pass validation

9 Quality Incentive Measures for SFY 2026 (Must pass 80 percent of the eligible measures)		
PERFORMANCE MEASURES	**CRITERIA TO PASS MEASURE**	**VALIDATION**
BHS 1: SUICIDE RISK SCREENING	Must meet thresholds 1 or 2 listed above for combined Q3 and Q4, 2025	Two randomly selected charts from BHS from each quarter (Q3 and Q4, 2025)
BHS 2: SUICIDE RISK SCREENING FOLLOW UP	Must meet thresholds 1 or 2 listed above for combined Q3 and Q4, 2025	Two randomly selected charts from BHS from each quarter (Q3 and Q4, 2025)
OBS 4: EARLY ELECTIVE DELIVERY	Must be 2 percent or below for combined Q3 and Q4, 2025	Two randomly selected charts from OBS Mother from each quarter (Q3 and Q4, 2025)
OBS 6: CESAREAN SECTION: NULLIPAROUS WOMEN	Must be 23 percent or lower for combined Q3 and Q4, 2025	Two randomly selected charts from OBS Mother from each quarter (Q3 and Q4, 2025)
OPI 1: SAFE USE OF OPIOIDS	Must be 17 percent or below for combined Q3 and Q4, 2025	Two randomly selected charts from OPI from each quarter (Q3 and Q4, 2025)
OUTCOME MEASURES	**CRITERIA TO PASS MEASURE**	**VALIDATION**
OBH 1: SEVERE MATERNAL MORBIDITY	20 percent or below (per 1000 deliveries).	There will be no validation for this measure.
SUBMISSION MEASURES	**CRITERIA TO PASS MEASURE**	**VALIDATION**
OBS 5: EXCLUSIVE BREAST MILK FEEDING	Abstract and submit 100% of OBS Newborn cases for each quarter (Q3 and Q4, 2025)	Two randomly selected charts from OBS Newborn from each quarter (Q3 and Q4, 2025)
TOB 3: TOBACCO USE TREATMENT PROVIDED OR OFFERED AT DISCHARGE	Abstract and submit the minimum sample required of TOB cases for each quarter (Q3 and Q4, 2025)	Two randomly selected charts from TOB measure set from each quarter (Q3 and Q4, 2025)
OBS 10: SYPHILIS SCREENING AT ADMISSION FOR DISCHARGE	Abstract and submit the minimum sample required of OBS Mother cases for each quarter (Q3 and Q4, 2025)	Two randomly selected charts from OBS Mother measure set from each quarter (Q3 and Q4, 2025)

# of Eligible Measures	# of Measures Required to Pass
9	8
4	4

Measure Information Forms and Flowcharts

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 and 02) are identified using 4 data elements:

- Admission date
- Birth date
- Discharge date
- ICD-10-PCS Principal or Other Procedure 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, Table 11.01.1 Delivery, a Patient Age (Admission Date – Birth Date) ≥8 years and <65.

Newborns

The population of the PC-Newborn measures (PC-05, PC-06) are identified using 4 data elements:

- Admission date
- Birth date
- Discharge date
- ICD-10-CM principal or other diagnosis code

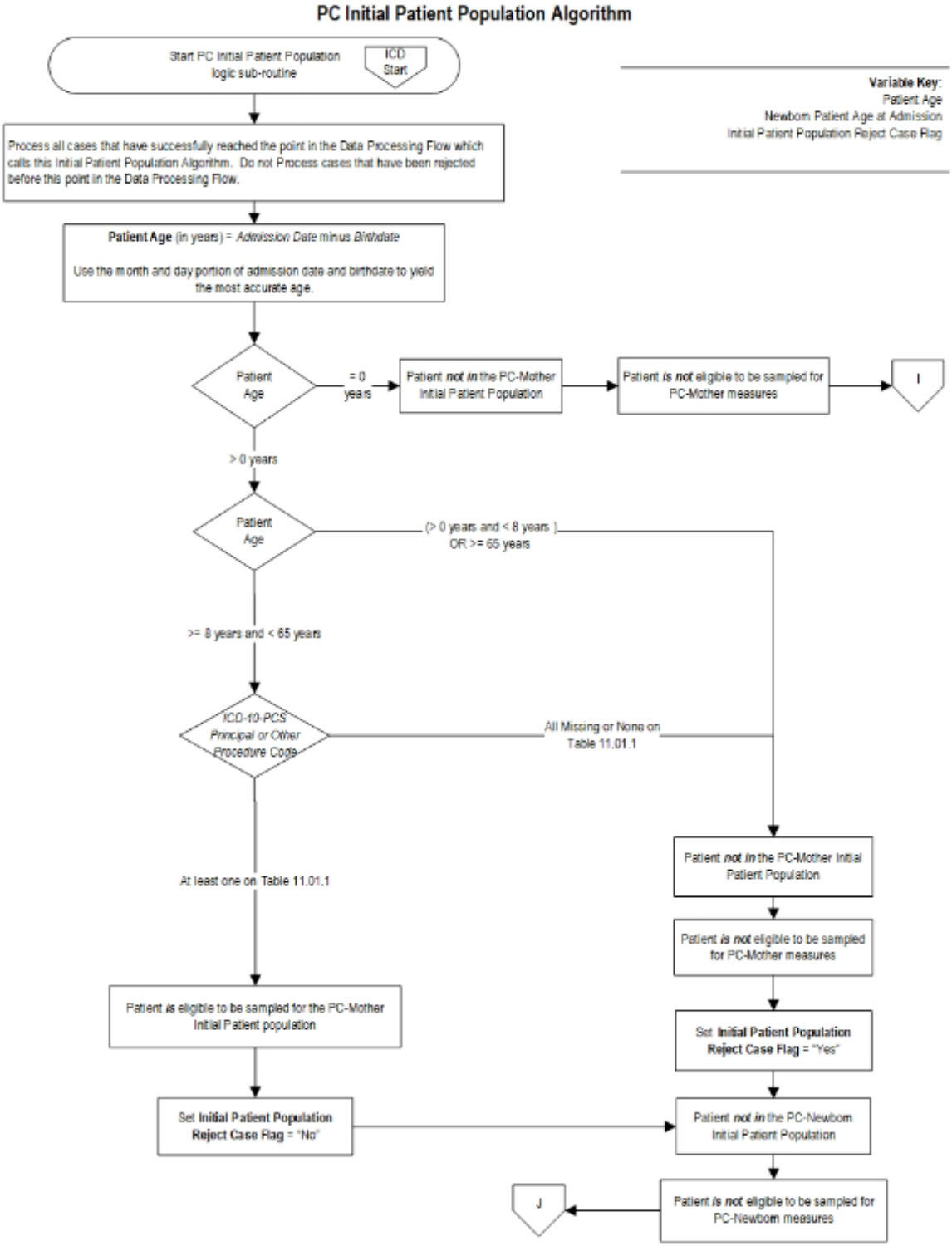
Patients admitted to the hospital for inpatient acute care are included in the PC Newborn Initial population if they have: A Patient Age (Admission Date — Birthdate) <= 1 day and ICD-10-CM Principal or Other Diagnosis Codes as defined in Appendix A, Table 11.20.1 Single Liveborn Newborn

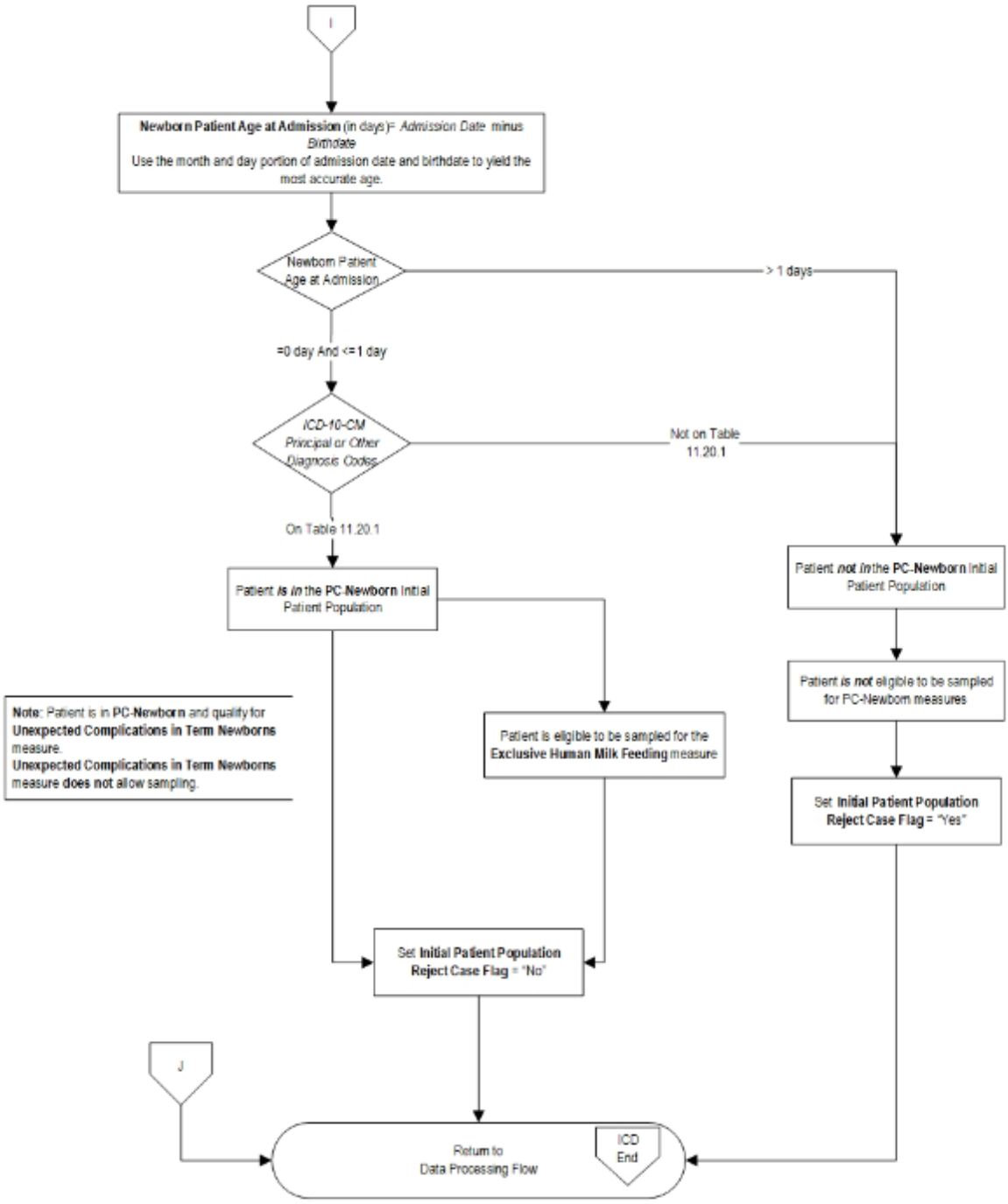
Within the PC-Newborn population, there are two baby measures, Exclusive Human Milk Feeding and Unexpected Complications in Term Newborns. The patients in each measure are processed independently. Patients in the newborn population always run against the Unexpected Complications in Term Newborns measure and they may run against Exclusive Breast Milk Feeding measure if sampled.

Measures	Initial Patient Population Definition
PC 05, PC 06	The count of all patients in PC-Newborn Population

There is **no** sampling for this measure.

Initial Patient Population Algorithm




I
Newborn Patient Age at Admission (in days)= Admission Date minus Birthdate
Use the month and day portion of admission date and birthdate to yield the most accurate age.
Newborn Patient Age at Admission
> 1 days
=0 day And <= 1 day
ICD-10-CM Principal or Other Diagnosis Codes
Not on Table 11.20.1
On Table 11.20.1
Patient is in the PC-Newborn Initial Patient Population
Patient not in the PC-Newborn Initial Patient Population
Patient is not eligible to be sampled for PC-Newborn measures
Note: Patient is in PC-Newborn and qualify for Unexpected Complications in Term Newborns measure.
Unexpected Complications in Term Newborns measure does not allow sampling.
Patient is eligible to be sampled for the Exclusive Human Milk Feeding measure
Set Initial Patient Population Reject Case Flag = "Yes"
Set Initial Patient Population Reject Case Flag = "No"
J
Return to Data Processing Flow
ICD End

Measure Set: Obstetric Services

Set measure ID: OBS 4

Performance measure name: Elective delivery

Description: Patients with elective vaginal deliveries or elective cesarean births at ≥37 and <39 weeks of gestation completed.

Rationale: For almost three 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 one-third 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 births and longer maternal length of stay. Interventions that decrease the chance of a cesarean delivery include avoiding non–medically indicated induction of labor prior to 39 weeks gestation (Quinlan and Murphy, 2015). Repeat elective cesarean births 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: 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 Medical Induction of Labor while not in *Labor* prior to the procedure
- Cesarean birth as defined in Appendix A, Table 11.06 Cesarean Birth and all 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 Delivery
- 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 Planned Cesarean Birth in Labor

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 Conditions of Possibly Justifying Elective Delivery
- History of prior stillbirth
- Less than eight years of age
- Greater than or equal to 65 years of age
- Gestational age <37 or ≥39 weeks or UTD

Data elements:

- Admission date
- Birth date
- Discharge date
- Gestational age
- History of stillbirth
- 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 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: Hospitals will abstract 100 percent of OBS-Newborn cases available

Data reported as: Aggregate rate

Selected references:

- Borders, E.B., Birsner, M.L., Gyanmfi-Bannerbaum, C. (2019). Avoidance of nonmedically indicated early-term deliveries and associated neonatal morbidities. American College of Obstetricians and Gynecologists Committee Opinion, 133:2, e156-163.
- Clark, S., Miller, D., Belfort, M., Dildy, G., Frye, D., & Meyers, J. (2009). Neonatal and maternal outcomes associated with elective delivery. [Electronic Version]. *Am J Obstet Gynecol*. 200:156.e1-156.e4.
- Glantz, J. (Apr.2005). Elective induction vs. spontaneous labor associations and outcomes. [Electronic Version]. *J Reprod Med*. 50(4):235-40.
- Kilpatrick, S. J., Papile, L.-A., & Macones, G. A. (Eds.). (2017). Guidelines for perinatal care (8th ed.). American Academy of Pediatrics.
- Tita, A., Landon, M., Spong, C., Lai, Y., Leveno, K., Varner, M, et al. (2009). Timing of elective repeat cesarean delivery at term and neonatal outcomes. [Electronic Version]. *NEJM*. 360:2, 111-120.
- Quinlan, J. D., & Murphy, N. J. (2015). Cesarean delivery: counseling issues and complication management. American family physician, 91(3), 178–184.
- ACOG Committee Opinion, No. 831: Medically indicated late-preterm and early-term deliveries. (2021, July). Obstetrics and Gynecology, 138(1), e35-e39. https://doi.org/10.1097/AOG.0000000000004447

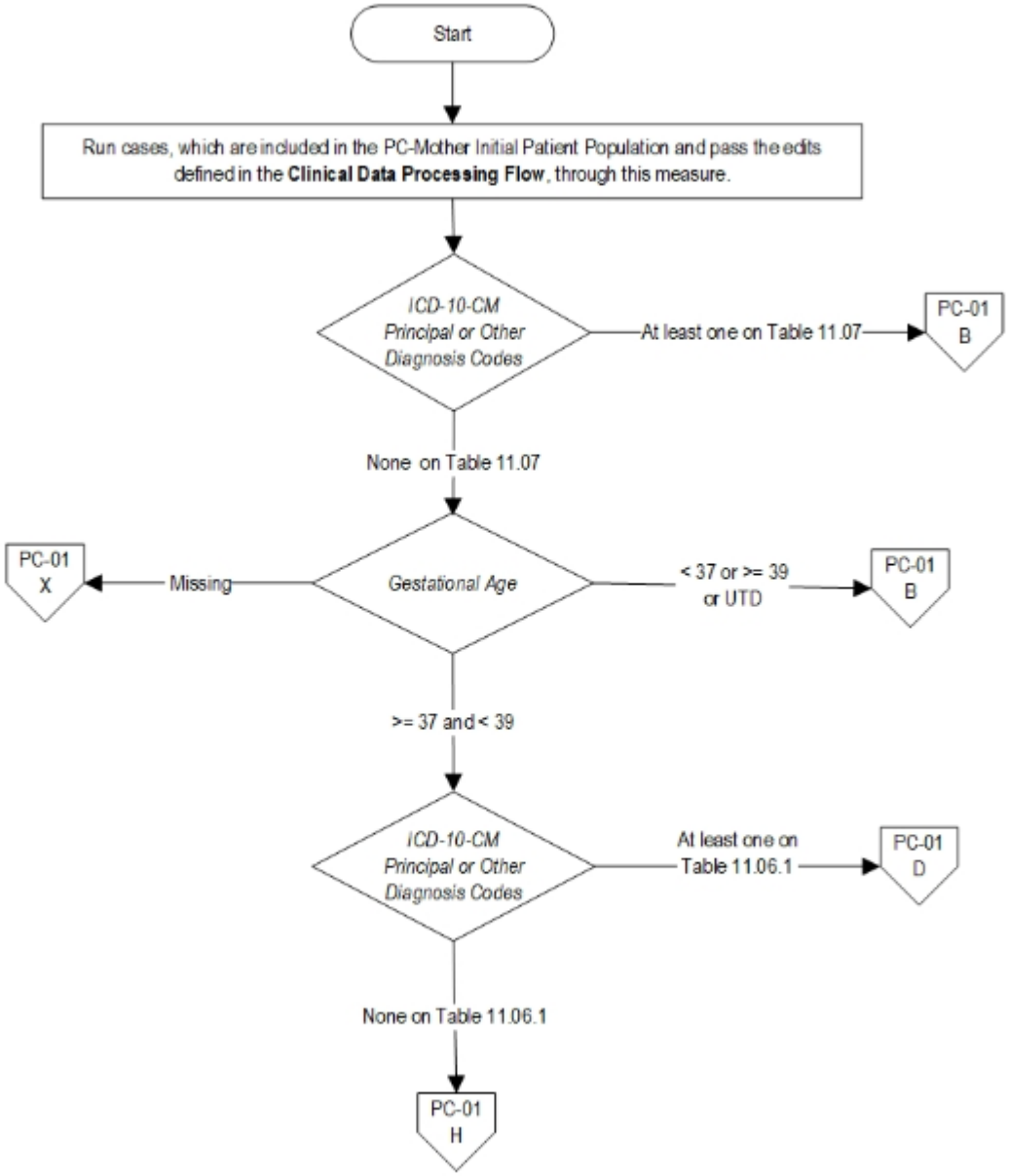
Original performance measure source/developer:

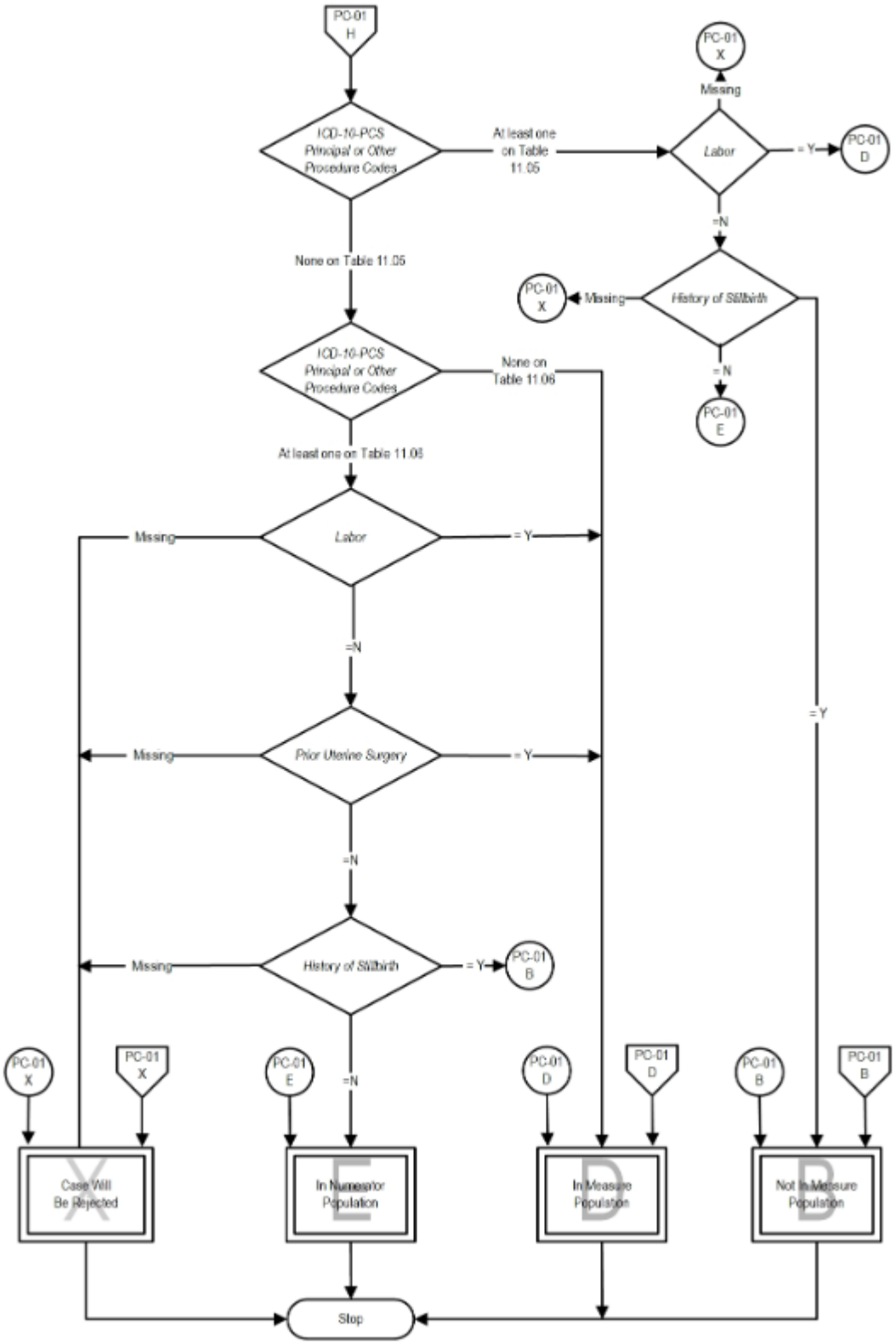
Hospital Corporation of America – Women's and Children's Clinical Services

PC-01: Elective Delivery

Numerator: Patients with elective deliveries

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




PC-01 H
ICD-10-PCS Principal or Other Procedure Codes
At least one on Table 11.05
Labor
= Y
PC-01 D
Missing
PC-01 X
=N
None on Table 11.05
History of Stillbirth
Missing
PC-01 X
= N
PC-01 E
ICD-10-PCS Principal or Other Procedure Codes
None on Table 11.06
At least one on Table 11.06
Labor
Missing
= Y
=N
Prior Uterine Surgery
Missing
= Y
=N
History of Stillbirth
Missing
= Y
PC-01 B
= Y
PC-01 X
PC-01 X
PC-01 E
=N
PC-01 D
PC-01 D
PC-01 B
PC-01 B
Case Will Be Rejected
In Numerator Population
In Measure Population
Not In Measure Population
Stop

Measure Set: Obstetric Services

Set measure ID: OBS 5

Measure name: Exclusive Human Milk Feeding

Description: Exclusive human milk feeding during the newborn's entire hospitalization.

The measure is reported as an overall rate which includes all newborns that were exclusively fed human milk during the entire hospitalization.

Rationale: Exclusive human 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, 2018). A Cochrane review substantiates the benefits (Kramer et al., 2012). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) human milk feeding (Centers for Disease Control and Prevention [CDC], 2020; CDC, 2013; Petrova et al., 2007; Taveras et al., 2004). Exclusive human 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 2020 and the CDC have also been active in promoting this goal.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator statement: Newborns that were fed human milk only since birth

Included populations: Not applicable

Excluded populations: None

Data elements:

- Exclusive Human Milk Feeding

Denominator statement: Single-term newborns discharged alive from the hospital

Included populations: Live-born newborns with ICD-10-CM Principal Diagnosis Code for single live-born newborn as defined in Appendix A, Table 11.20.1 Single Liveborn Newborn

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 Galactosemia
- ICD-10-PCS Principal Procedure Code or ICD-10-PCS Other Procedure Codes for parenteral nutrition as defined in Appendix A, Table 11.22 Parenteral Nutrition
- Experienced death
- Patients transferred to another hospital
- Patients who are not term or with <37 weeks gestation completed
- Patients whose term status or gestational age is missing and birth weight < 3000 gm

Data elements:

- Admission date
- Admission to NICU
- Birth date
- Birth Weight
- 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 human milk feeding rates, hospitals may wish to review documentation for reasons. Education efforts can be targeted based on the specific reasons identified.

Sampling: Hospitals will abstract 100 percent of OBS-Newborn cases available.

Data reported as: Aggregate rate

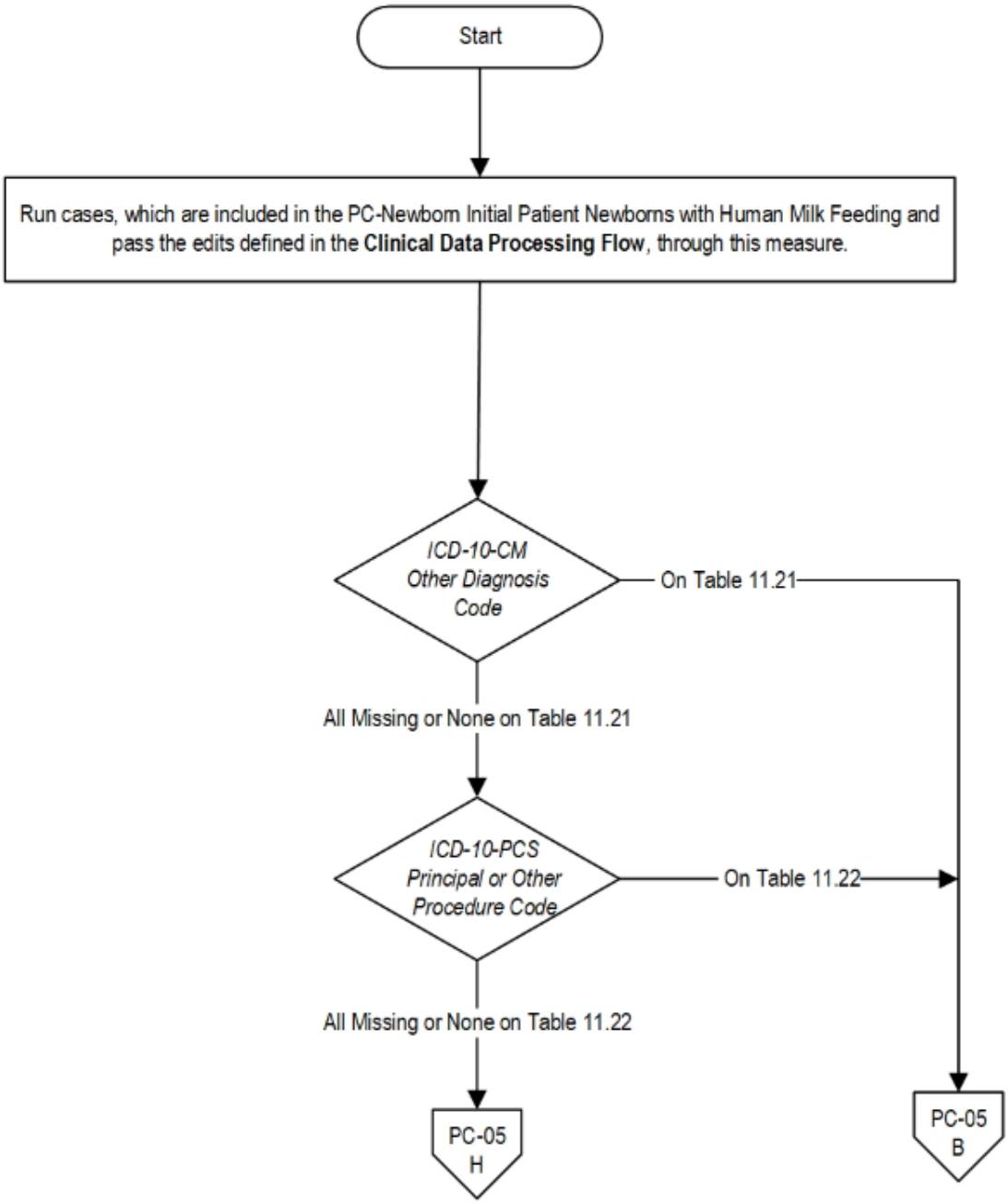
Selected references:

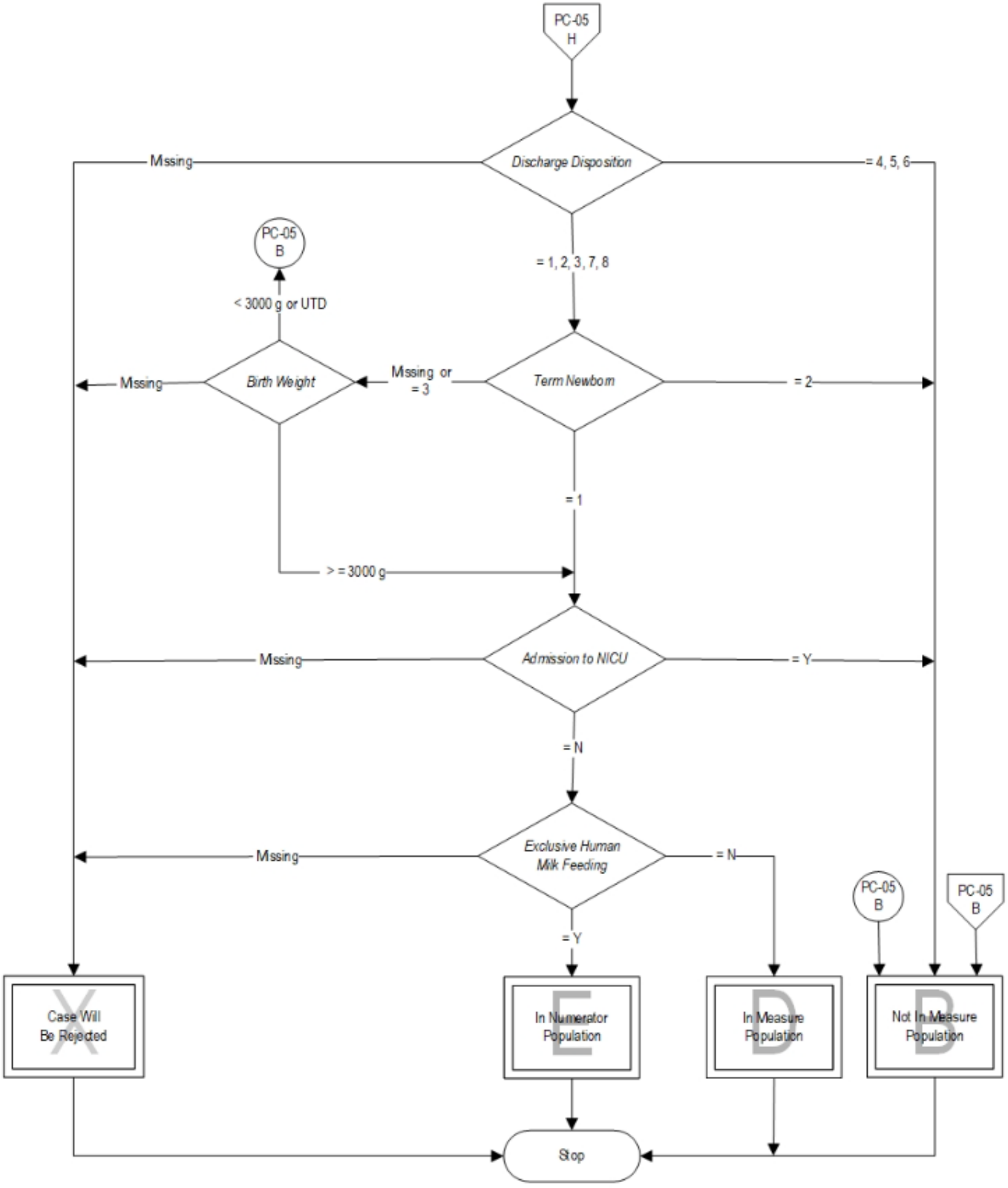
- ACOG Committee Opinion No. 756: Optimizing Support for Breastfeeding as Part of Obstetric Practice. (2018). Obstetrics and gynecology, 132(4), e187–e196. https://doi.org/10.1097/AOG.0000000000002890
- California Department of Public Health. (2017). Division of Maternal, Child and Adolescent Health, Breastfeeding Initiative, In-Hospital Breastfeeding Initiation Data, Hospital of Occurrence: Available at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx
- Centers for Disease Control and Prevention. (2020). Division of Nutrition, Physical Activity and Obesity. Breastfeeding Report Card. Available at: https://www.cdc.gov/breastfeeding/data/reportcard.htm
- Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013. Available at: https://www.cdc.gov/breastfeeding/pdf/bf-guide-508.pdf
- Kramer, M. S., & Kakuma, R. (2012). Optimal duration of exclusive breastfeeding. The Cochrane database of systematic reviews, 2012(8), CD003517. https://doi.org/10.1002/14651858.CD003517.pub2
- Meek, J.Y., & Noble, L., Section on Breastfeeding; Policy Statement: Breastfeeding and the Use of Human Milk. American Academy of Pediatrics July 2022; 150 (1). https://doi.org/10.1542/peds.2022-057988
- Perrine CG, Chiang KV, Anstey EH, et al. Implementation of Hospital Practices Supportive of Breastfeeding in the Context of COVID-19 — United States, July 15–August 20, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1767–1770. DOI: http://dx.doi.org/10.15585/mmwr.mm6947a3
- Petrova, A., Hegyi, T., & Mehta, R. (2007). Maternal race/ethnicity and one-month exclusive breastfeeding in association with the in-hospital feeding modality. *Breastfeeding Medicine*. 2(2):92-8.
- Taveras, E.M., Li, R., Grummer-Strawn, L., Richardson, M., Marshall, R., Rego, V.H., Miroshnik, I., & Lieu, T.A. (2004). Opinions and practices of clinicians associated with continuation of exclusive breastfeeding. *Pediatrics*. 113(4):e283-90.
- US Department of Health and Human Services. (2020). Healthy People 2020 Final Review. Washington, DC: US Department of Health and Human Services. Available at: https://www.cdc.gov/nchs/healthy_people/hp2020-final-review.htm
- World Health Organization. (2007). Indicators for assessing infant and young child feeding practices. Washington, DC, USA: World Health Organization. Available at: http://apps.who.int/iris/bitstream/10665/43895/1/9789241596664_eng.pdf

PC-05: Exclusive Human Milk Feeding

Numerator: Newborns that were fed human milk only since birth

Denominator: Single term newborns discharged alive from the hospital




PC-05 H
Discharge Disposition
Missing
= 4, 5, 6
= 1, 2, 3, 7, 8
PC-05 B
< 3000 g or UTD
Missing
Birth Weight
Missing or = 3
Term Newborn
= 2
= 1
> = 3000 g
Missing
Admission to NICU
= Y
= N
Missing
Exclusive Human Milk Feeding
= N
= Y
PC-05 B
PC-05 B
X
Case Will Be Rejected
E
In Numerator Population
D
In Measure Population
B
Not In Measure Population
Stop

Measure set: Obstetric Services

Set 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' CB rates were over 50%. Hospitals with CB rates at 15-20% have infant outcomes that are just as good and better maternal outcomes (Symum et al., 2023). There is 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 (Primary CB in first births with term singleton pregnancies in head down position) is that there are clear cut quality improvement activities that can be done to address the differences. Main et al. (2012) 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. Rosenstein et al. (2021) 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, Symum et al., 2021). The dramatic variation in cesarean rates seen in all populations studied is striking. (Cesarean rates varied tenfold in US hospitals nationwide across hospitals, from 7.1 % to 69.9 % and there was a 15-fold variation among low-risk women, from 2.4% to 36.5% (Kozhimannil et al., 2013).

A reduction in the number of nulliparous patients with live term singleton newborns in vertex position (NTSV) delivering by cesarean birth will result in increased patient safety, a substantial decrease in maternal and neonatal morbidity and substantial savings in health care costs. Successful quality improvement efforts incorporate audit and feedback strategies combined with provider and nurse education, guidelines and peer review.

The measure will assist health care organizations (HCOs) to track nulliparous patients with live term singleton newborns in vertex position delivering by cesarean birth to reduce the occurrence. Nulliparous women have 4-6 times the cesarean birth rate than multiparous women thus the NTSV population is the largest driver of primary cesarean

birth rate (Sakala et al., 2020). NTSV has a large variation among facilities, thus identifying an important population on which to focus quality improvement efforts.

In accordance with the American College of Obstetricians and Gynecologists (ACOG) recommendations (2020), cesarean delivery is indicated for patients with active genital lesions of genital herpes or prodromal symptoms (i.e., vulvar pain or burning at delivery) that may indicate viral shedding. Therefore, the measure will exclude encounters with a diagnosis of active genital herpes.

In addition, the accepted approach to treat placenta accreta spectrum, or the range of pathologic adherence of the placenta that includes placenta increta, placenta percreta, and placenta accreta, as well as placenta previa, is cesarean delivery (ACOG & Society for Maternal-Fetal Medicine (SMFM), 2018). Vasa previa is an indication for cesarean delivery (SMFM Publications Committee, Sinkey, Odibo, & Dashe, 2015). Accordingly, placenta previa, vasa previa, and placenta accreta spectrum are all qualifying conditions to also be excluded from the measure.

Ultimately, a reduction in primary cesarean births will reduce the number of women having repeat cesarean births (almost 90% of mothers who have a primary cesarean birth will have subsequent cesarean birth (CDC, 2020)). Thus, improvement in the rates of cesarean birth for the first birth will reduce the morbidity of all future births and avoid all the controversies with trial of labor after cesarean/elective repeat cesareans.

Type of measure: Outcome

Improvement noted as: Within Optimal Range

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 Cesarean Birth

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 Delivery

- 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 Outcome of Delivery 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, abnormal presentations and conditions justifying cesarean delivery as defined in Appendix A, Table 11.09 Multiple Gestations, Abnormal Presentations, and Conditions Justifying Cesarean Delivery
- Less than eight years of age
- Greater than or equal to 65 years of age
- Gestational age <37 weeks or UTD

Data elements:

- Admission date
- Birth date
- Discharge date
- Gestational age
- ICD-10-CM Other Diagnosis Codes
- ICD-10-CM Principal Diagnosis Code
- Previous 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: The Joint Commission does not want to encourage inappropriately low Cesarean rates that may be unsafe to patients. Acceptable PC-02 rates are 30% or lower, however there is not an established threshold for what rate may be too low. PC-06 serves as a balancing measure for PC-02 to guard against any unanticipated or unintended consequences and to identify unforeseen complications that might arise as a result of quality improvement activities and efforts for this measure. 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: Hospitals will abstract 100 percent of the OBS-Mother population available.

Data reported as: Aggregate rate

Selected references:

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- ACOG Practice Bulletin #220, Management of Genital Herpes in Pregnancy, May 2020
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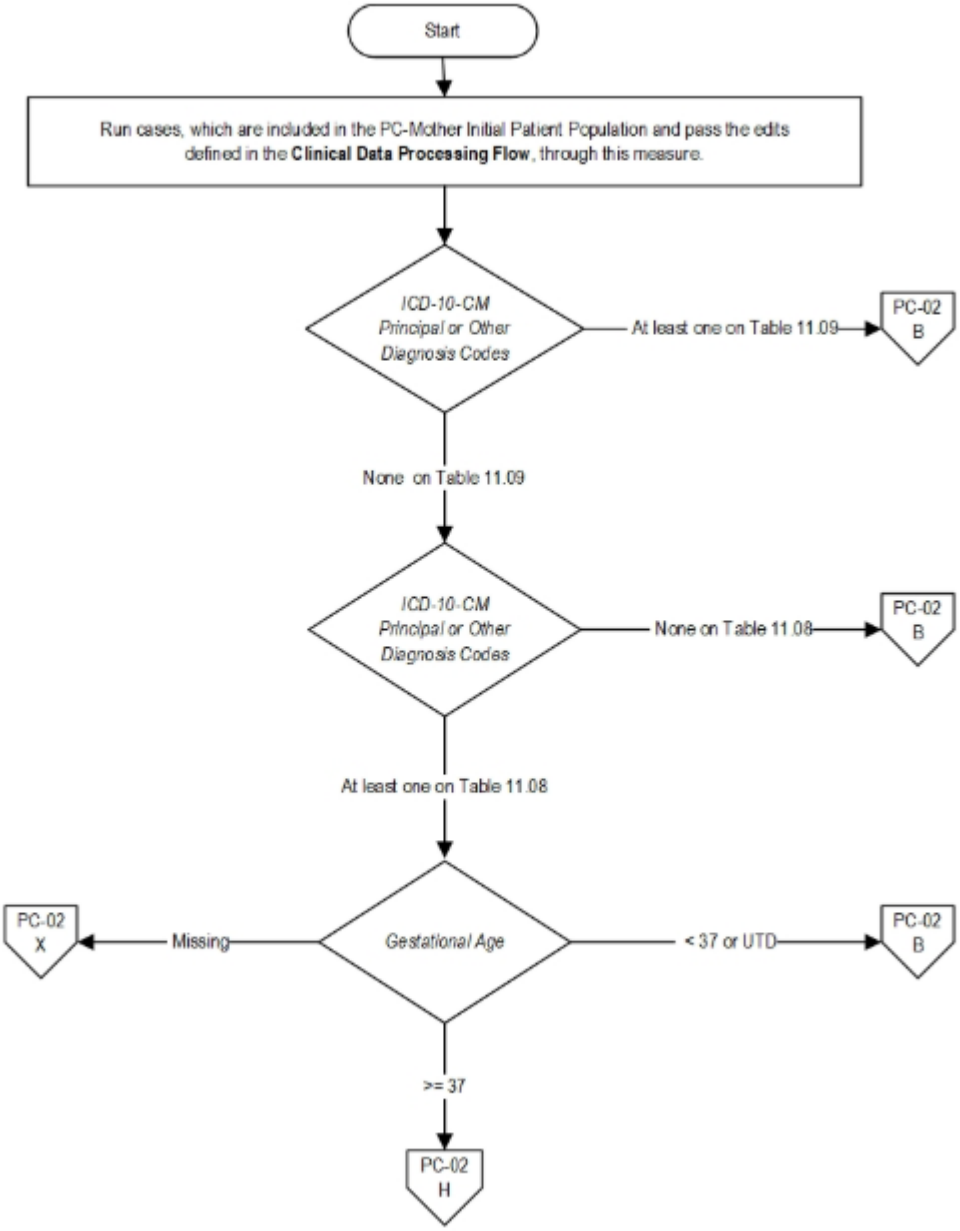
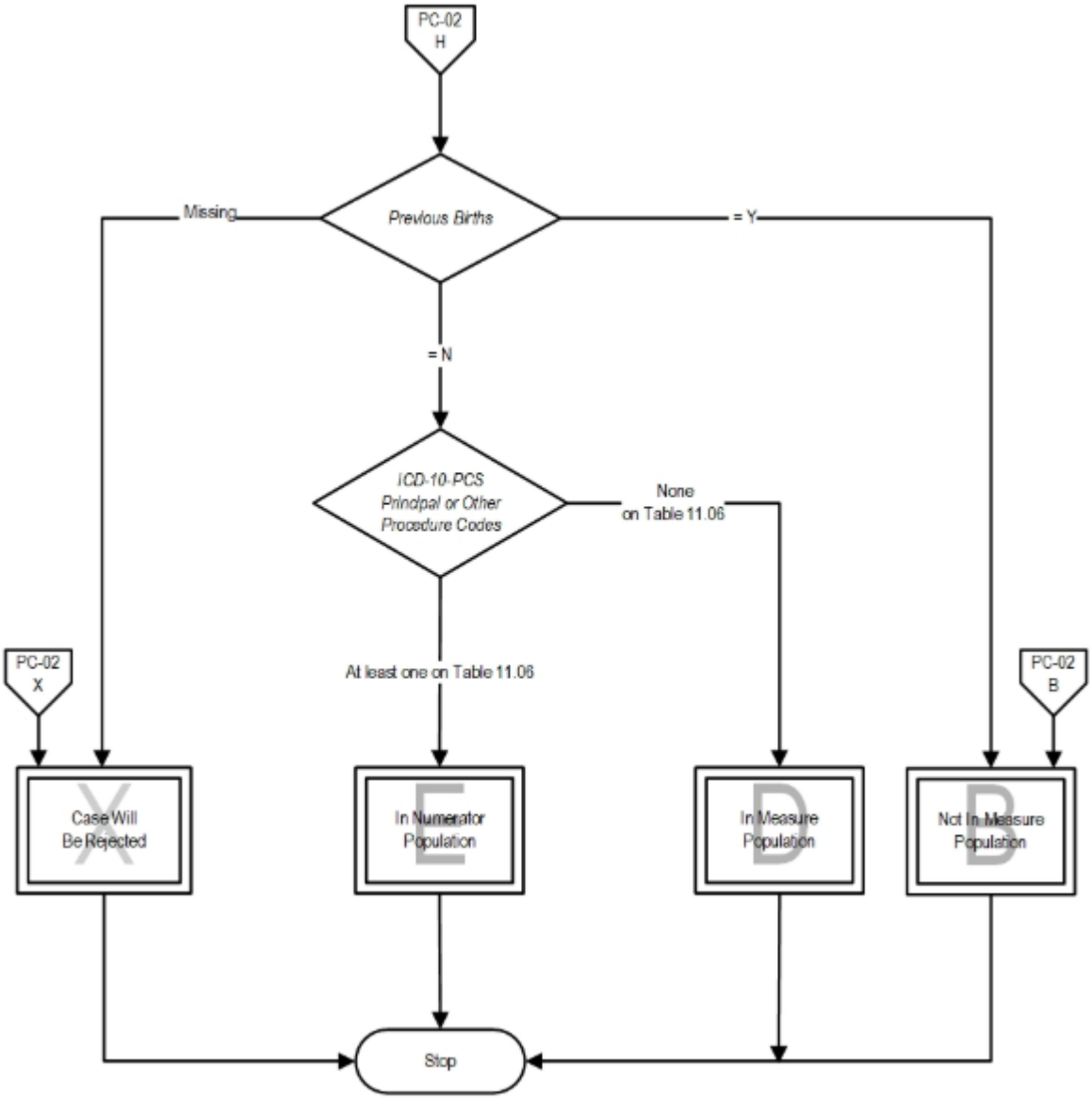
PC-02: Cesarean Birth

Numerator: Patients with cesarean births

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




PC-02
H
Previous Births
Missing
= Y
= N
ICD-10-PCS
Principal or Other
Procedure Codes
None
on Table 11.06
At least one on Table 11.06
PC-02
X
PC-02
B
X
Case Will
Be Rejected
E
In Numerator
Population
D
In Measure
Population
B
Not In Measure
Population
Stop

Measure Set: Obstetric Services

Set measure ID: OBS 10

Performance measure name: Syphilis Screen on Admission for Delivery

Description: Patients who were screened for syphilis at admission for delivery.

Rationale: Arkansas ranks among the top 10 states with the highest incidence rates of congenital syphilis. Untreated congenital syphilis can lead to severe health consequences for newborns, including brain damage, organ failure, and even death. From 2017 to 2023, Arkansas saw a nearly fivefold increase in congenital syphilis cases. To combat the rising cases in the state, the ARPQC Congenital Syphilis Prevention Initiative focuses on implementing universal syphilis screening for pregnant patients at Arkansas birthing hospitals during the delivery hospitalization.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator statement: Patients screened for Syphilis at the time of delivery

Included populations:
- All mothers admitted for delivery who were screened for syphilis.

Excluded populations: None
Data elements:
- ICD-10-PCS Other Procedure Codes
- ICD-10-PCS Principal Procedure Code

Denominator statement: Patients admitted to the hospital for delivery

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 Delivery

Excluded populations:
- Less than eight years of age
- Greater than or equal to 65 years of age

Data elements:
- Admission date
- Birth date
- Discharge date
- Syphilis Screening

- Syphilis Screening Result
- 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 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 improve syphilis screening in pregnant women

Sampling: Hospitals will abstract 100 percent of OBS-Mother cases available

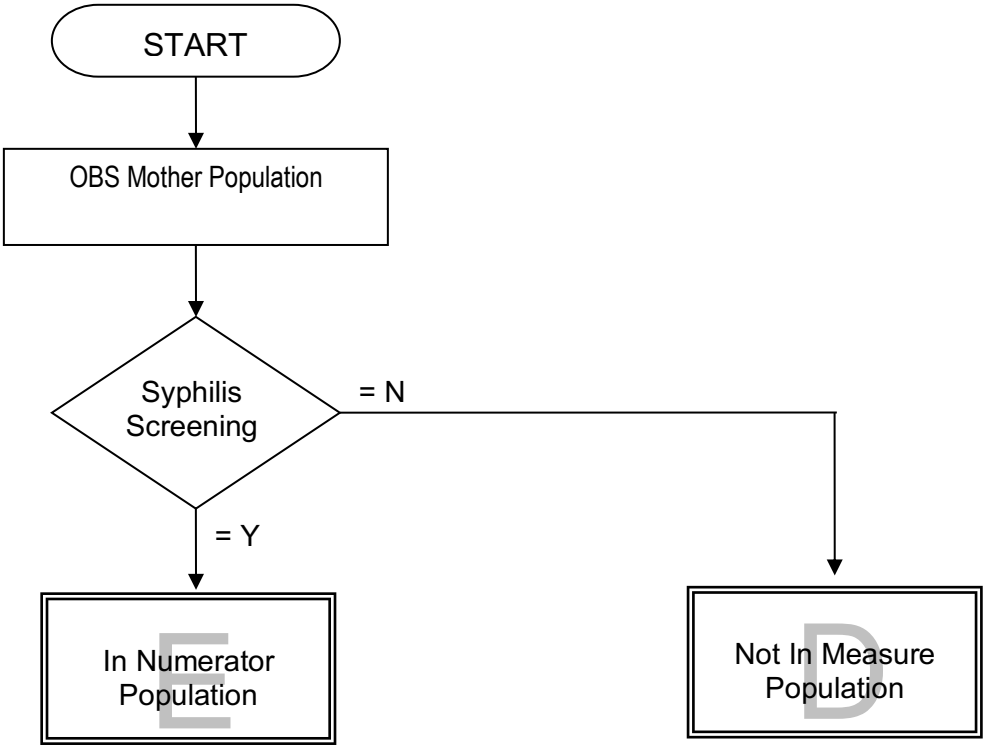
Data reported as: Aggregate rate

Selected references: (AR Perinatal Quality Collaborative, 2025)

OBS 10: Syphilis Screening at Admission for Delivery

Numerator: Patients who received syphilis screening at admission for delivery

Denominator: Patients who were admitted for delivery



Measure set: Tobacco Treatment

Set Measure ID: TOB 3

Performance Measure Name: Tobacco Use Treatment Provided or Offered at Discharge

Description:

TOB 3: Patients identified as tobacco product users who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

TOB 3a: Patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication.

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, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. The Provided or Offered rate (TOB 3) describes patients identified as tobacco product users who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge. The Tobacco Use Treatment at Discharge (TOB 3a) rate describes only those who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication. Those who refused are not included.

Rationale: Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 480,000 deaths each year (CDC MMWR, 2014). 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 (CDC, 2020). Tobacco use creates a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated to be at least $240 billion per year in direct medical expenses for adults, and over $185 billion in lost productivity (CDC, 2022).
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 (CDC, 2021, DHHS, 2020, Choi et al, 2021, DHHS, 2000; Baumeister, 2007; Lightwood, 2003 and 1997; Rigotti, 2012). 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.

Type Of Measure: Submission

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.

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

Included Populations:

- TOB 3:
  - Patients who refused a prescription for FDA- Approved tobacco cessation medication at discharge.
  - Patients who refused a referral to evidence-based outpatient counseling.
- TOB 3a:
  - Not Applicable

Excluded Populations:

For FDA Approved Medications Only

- Smokeless tobacco users
- Pregnant smokers
- Patients with reasons for not administering FDA-approved cessation medication.

Data Elements:

- 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
- Birthdate
- 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 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 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.

Variation may exist in the assignment of ICD-10 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 type was accepted or refused so that efforts can be directed toward improving care.

Sampling: Yes. Please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

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

Selected References:

- Baumeister, S. E., Schumann, A., Meyer, C., John, U., Volzke, H., & Alte, D. (2007). Effects of smoking cessation on health care use: Is elevated risk of hospitalization among former smokers attributable to smoking-related morbidity? Drug and Alcohol Dependence, 88(2–3), 197–203.
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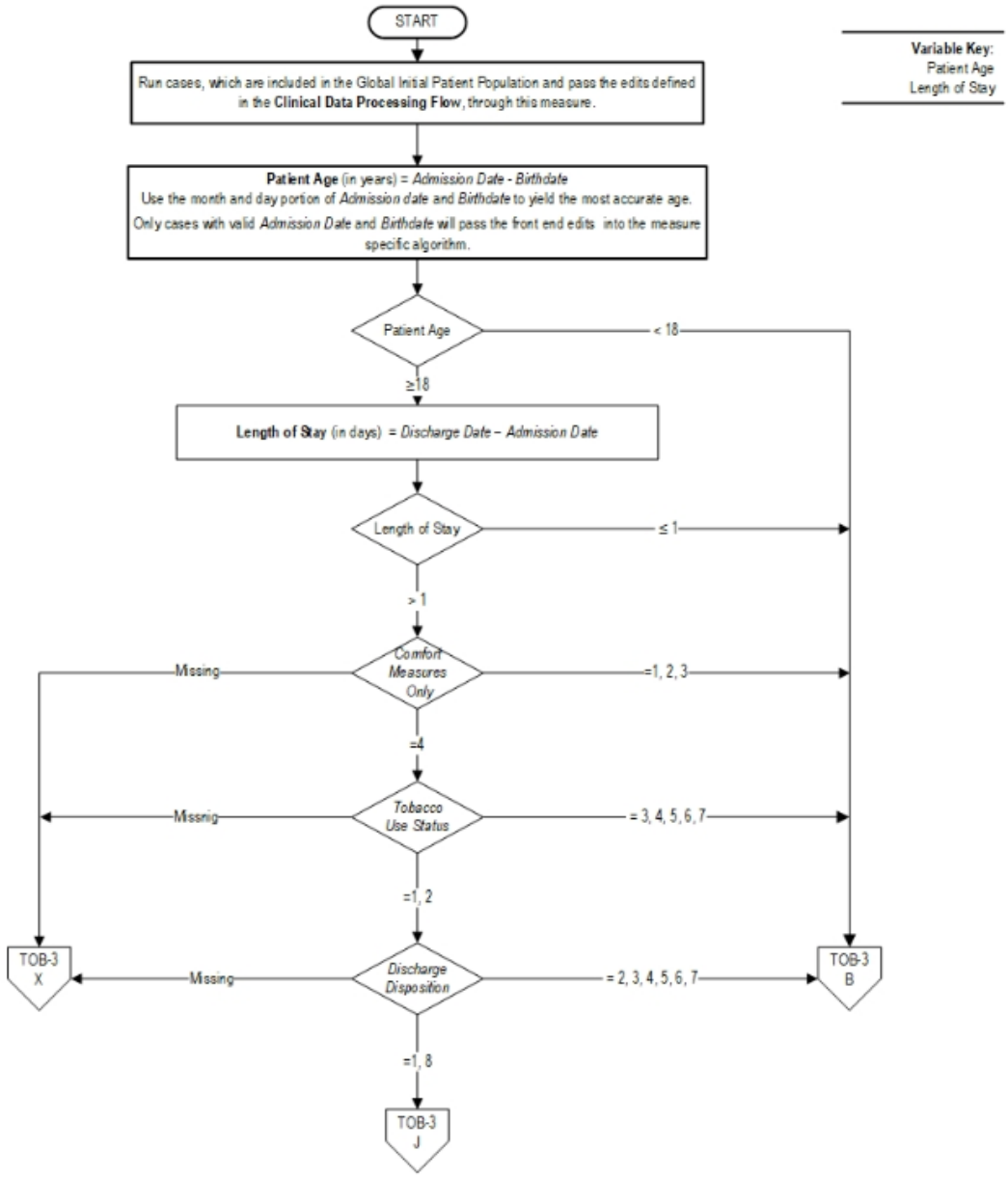
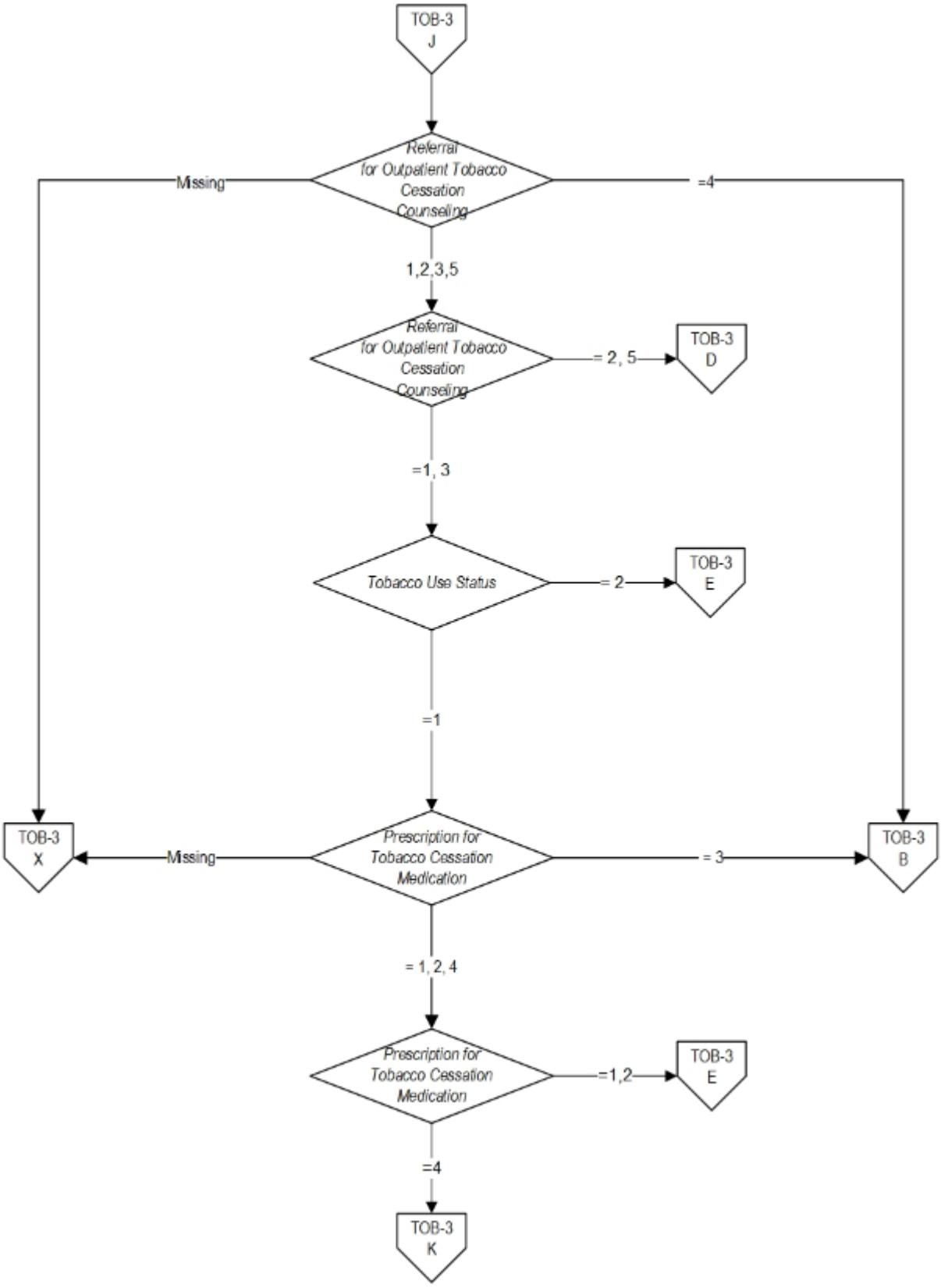
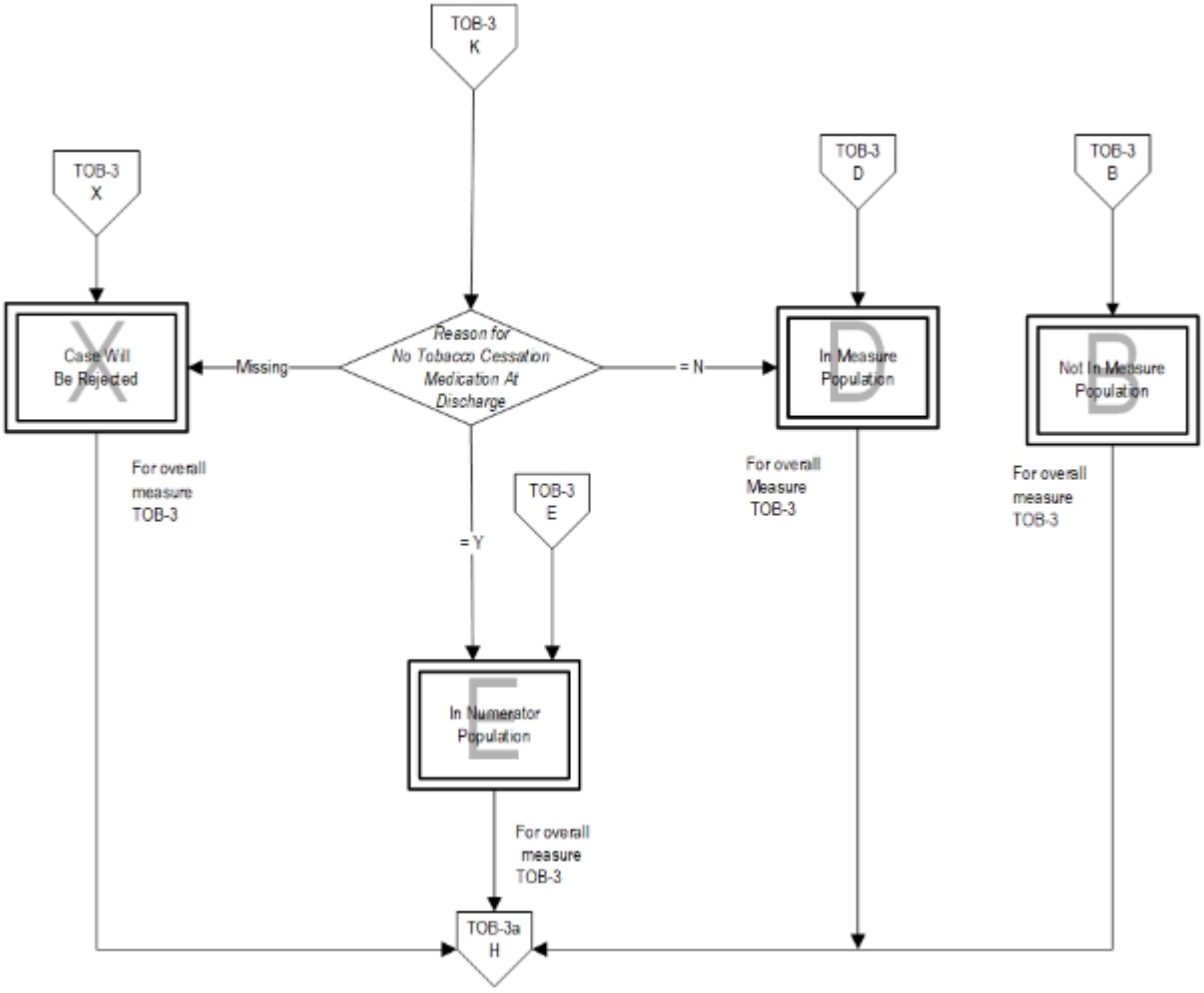
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge

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.



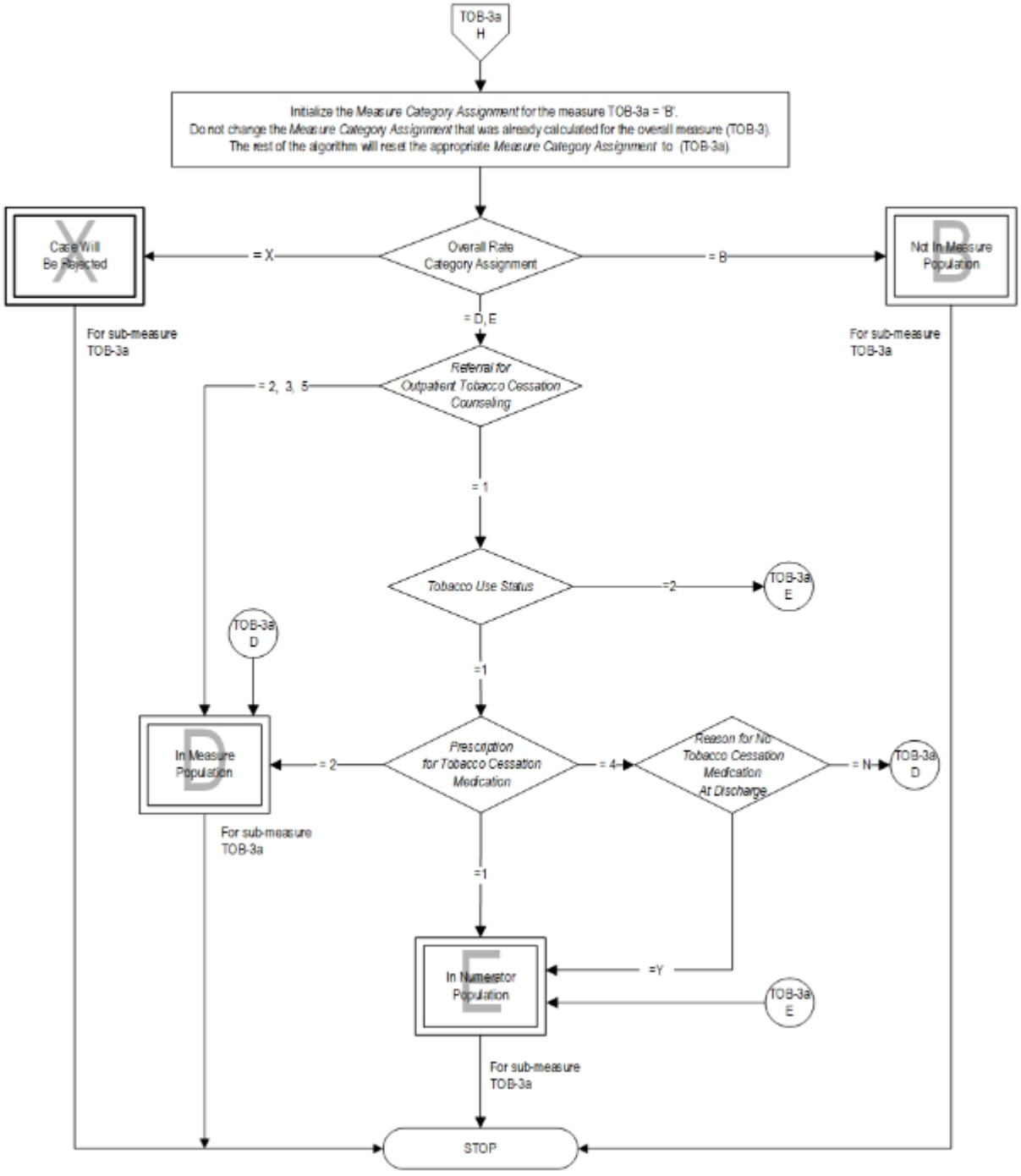

TOB-3 J
Referral for Outpatient Tobacco Cessation Counseling
Missing
=4
1,2,3,5
Referral for Outpatient Tobacco Cessation Counseling
= 2, 5
TOB-3 D
=1, 3
Tobacco Use Status
= 2
TOB-3 E
=1
TOB-3 X
Missing
Prescription for Tobacco Cessation Medication
= 3
TOB-3 B
= 1, 2, 4
Prescription for Tobacco Cessation Medication
=1,2
TOB-3 E
=4
TOB-3 K


TOB-3
K
TOB-3
X
TOB-3
D
TOB-3
B
X
Case Will
Be Rejected
Missing
Reason for
No Tobacco Cessation
Medication At
Discharge
= N
D
In Measure
Population
B
Not In Measure
Population
For overall
measure
TOB-3
For overall
Measure
TOB-3
For overall
measure
TOB-3
= Y
TOB-3
E
E
In Numerator
Population
For overall
measure
TOB-3
TOB-3a
H

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

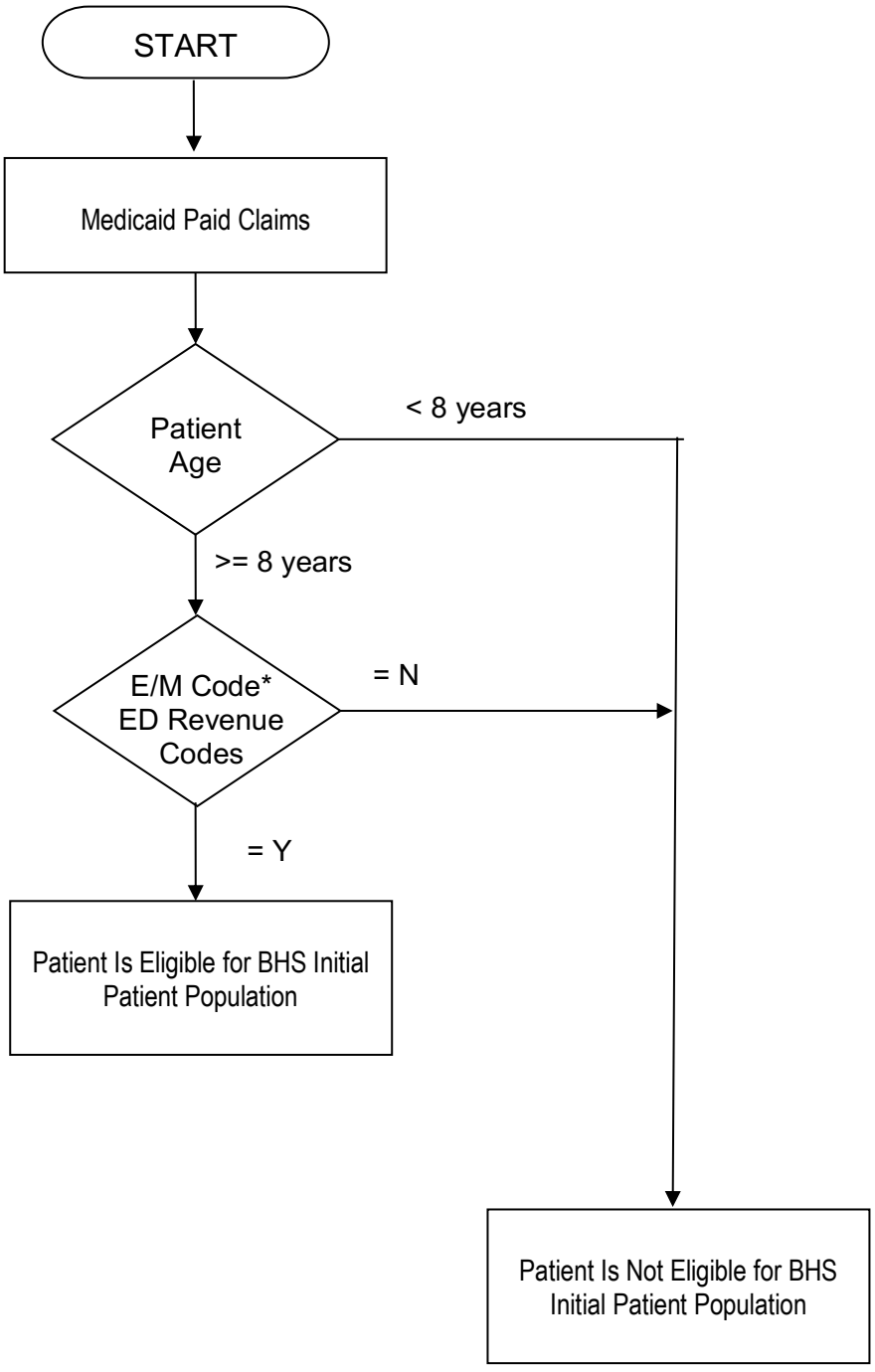
Numerator: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA- approved cessation medication at discharge.

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



Measure Set: Behavioral Health Services

Behavioral Health Services Population Algorithm



*E/M code indicates CPT procedure codes

Set measure ID: BHS 1

Performance measure name: Suicide Risk Screening in the Hospital Emergency Department

Description: Patients screened for suicide risk during the hospital emergency department stay or visit

Rationale: The rate of suicide is increasing in America. Suicide is the 10th leading cause of death overall in Arkansas. (CDC, 2016) On average, one person dies by suicide every 15 hours in the state. (CDC, 2016) It is estimated, in Arkansas, the combined lifetime medical and work loss cost for suicide in 2010 was an average of $1,208,615 per suicide death.(CDC, 2016)At the point of care, providers often do not detect suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most of them receive health care services in the year prior to death (Ahmedani BK, et al, 2013), usually for reasons unrelated to suicide or mental health. Timely, supportive continuity of care for those identified as at risk for suicide is crucial, as well.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator Statement: Patients who received suicide risk screening in the ED

Included populations: Patients who refused screening

Data Elements:
- Suicide Risk Screening in the Emergency Department

Denominator Statement: Patients who were admitted to the ED

Included populations:
- Any ED admission aged eight years or older
- Patients seen in a hospital emergency department (E/M Code in Appendix A OP Table 1.0)

Excluded populations:
- Patients who expired in the ED
- Less than eight years of age
- Patients who left against medical advice/AMA
- Patients who are cognitively impaired

Data elements:
- Birthdate

- E/M code or ED Revenue Codes
- Discharge code
- ED patient

Risk adjustment: No.

Data collection approach: Retrospective data sources for required data elements include administrative data and medical records.

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 suicide risk, subtracting those that refused the screen.

Sampling: Yes

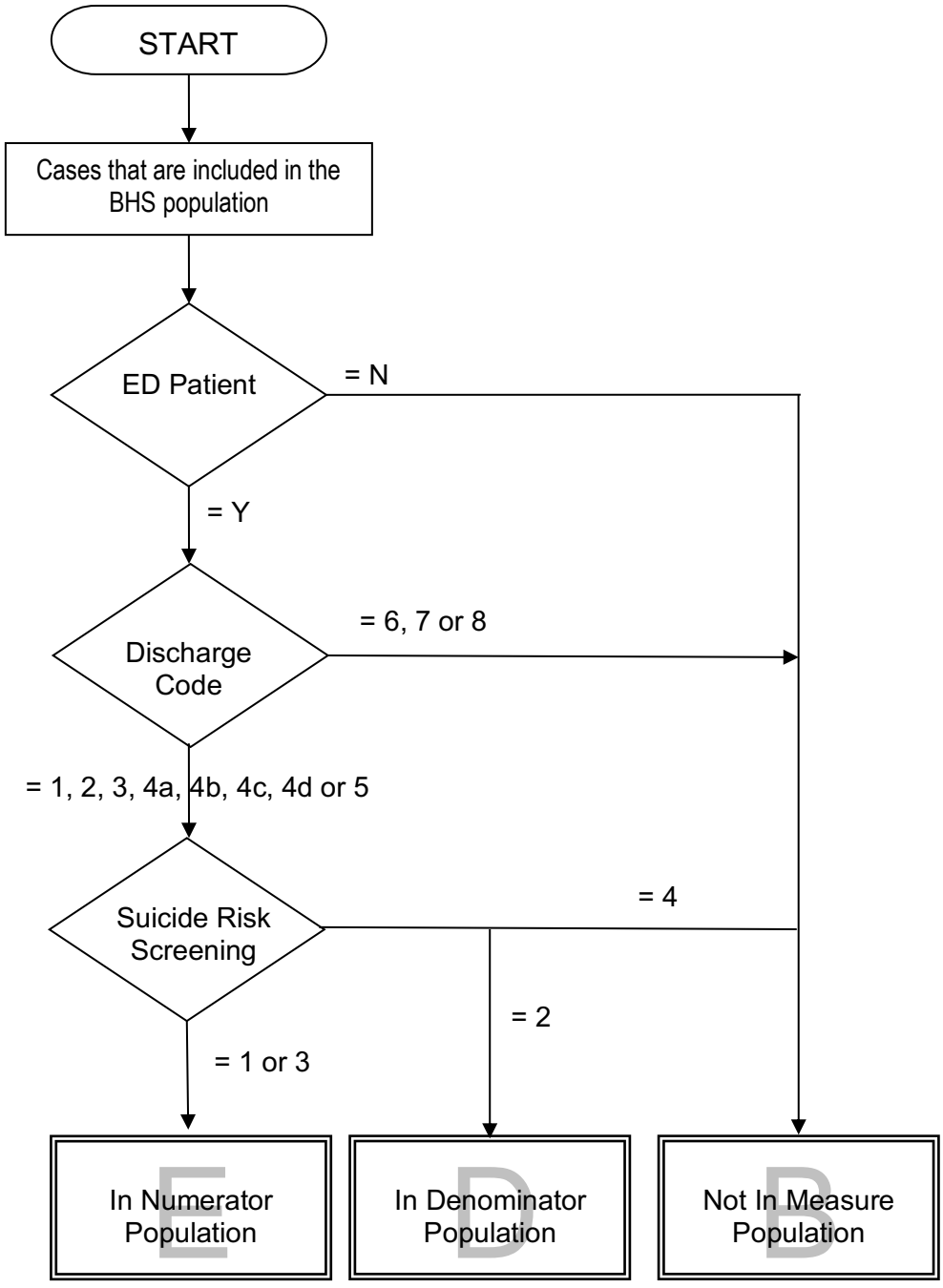
Data reported as: Aggregate rate generated from count data reported as a proportion

References:

- Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2016
- Ahmedani BK, et al: Health care contacts in the year before suicide death. Journal of General Internal Medicine, 2013. DOI: 10.1007/s11606-014-2767-3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/pdf/11606_2014_Article_2767.pdf
- Amanda Scutter, et al: (2022, July 12). Suicide Screening Tools for Pediatric. *Frontiers in Psychiatry*, pp. 1-12.

BHS-1: Behavioral Health Services

Numerator: Patients who received suicide risk screening in ER
Denominator: Patients who were admitted to ER



Set measure ID: BHS 2

Performance measure name: Plan for Follow Up Care

Description: Patients who are screened positive in the emergency department that have a plan for follow up care at discharge.

Rationale: The rate of suicide is increasing in America. Suicide is the 10th leading cause of death overall in Arkansas. (CDC, 2016) On average, one person dies by suicide every 15 hours in the state. (CDC, 2016) It is estimated, in Arkansas, the combined lifetime medical and work loss cost for suicide in 2010 was an average of $1,208,615 per suicide death.(CDC, 2016)At the point of care, providers often do not detect suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most of them receive health care services in the year prior to death (Ahmedani BK, et al, 2013), usually for reasons unrelated to suicide or mental health. Timely, supportive continuity of care for those identified as at risk for suicide is crucial, as well.

Type of measure: Process

Improvement noted as: Increase in the rate

Numerator Statement: The number of patients received plan for follow-up care

Included populations:
- Patients who received plan for follow-up care
- Patients who refused to receive follow-up care

Data Elements:
- Plan for follow up care

Denominator Statement: Patients who were admitted to the ED

Included populations:
- Any ED admission aged eight years or older
- Patients seen in a hospital emergency department (E/M Code in Appendix A OP Table 1.0) or ED Revenue Codes
- Patients who had positive suicide risk screening result

Excluded populations:
- Patients who expired in the ED
- Less than eight years of age
- Patients who left against medical advice/AMA

Data elements:

- Birthdate
- E/M code
- Discharge code
- ED patient

Risk adjustment: No.

Data collection approach: Retrospective data sources for required data elements include administrative data and medical records.

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 identify those patients who did not receive the plan for the follow-up care

Sampling: Yes

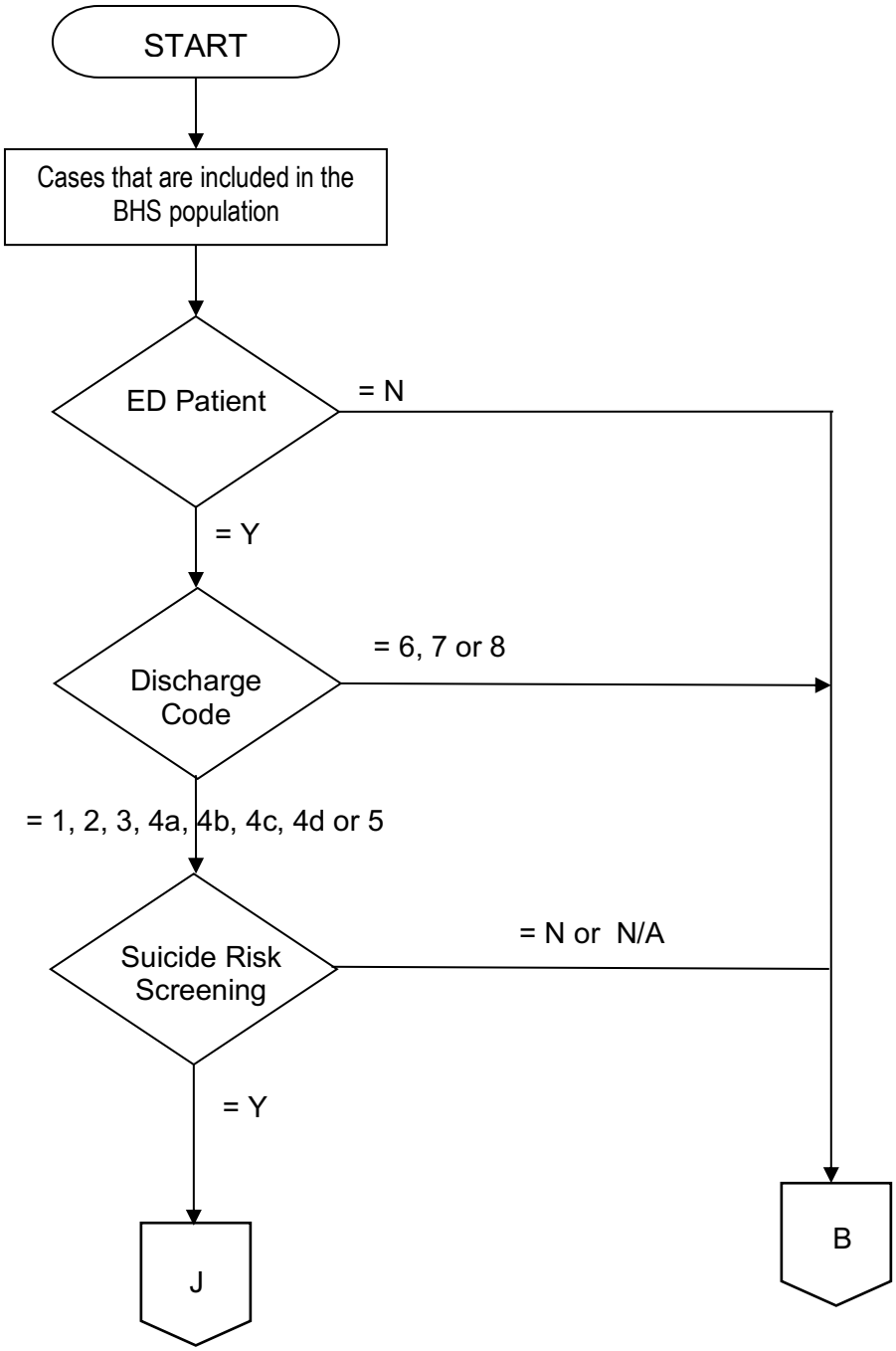
Data reported as: Aggregate rate generated from count data reported as a proportion

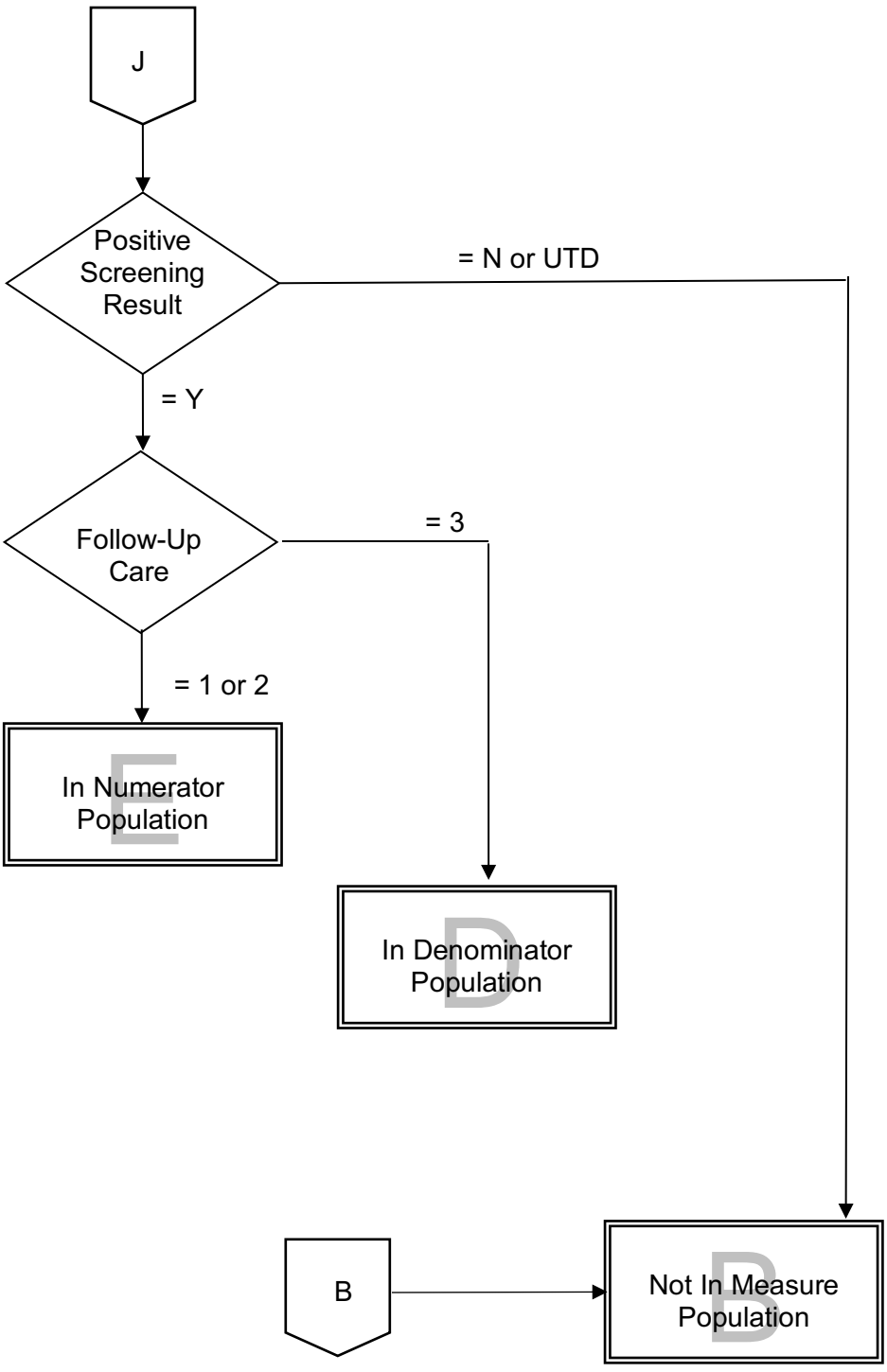
References:

- Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2016
- Ahmedani BK, et al: Health care contacts in the year before suicide death. Journal of General Internal Medicine, 2013. DOI: 10.1007/s11606-014-2767-3.
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/pdf/11606_2014_Article_2767.pdf
- Amanda Scutter, et al: (2022, July 12). Suicide Screening Tools for Pediatric. *Frontiers in Psychiatry*, pp. 1-12.

BHS-2: Plan for Follow Up Care

Numerator: Patients who received the follow-up care plan
Denominator: Patients who were admitted to ER




J
Positive Screening Result
= N or UTD
= Y
Follow-Up Care
= 3
= 1 or 2
In Numerator Population
E
In Denominator Population
D
B
Not In Measure Population
D

Measure Set: Safe use of Opioids

Set measure ID: OPI 1

Performance measure name: Safe Use of Opioids – Concurrent Prescribing

Description: Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge.

Rationale: Unintentional opioid overdose fatalities have become a major public health concern in the United States (Rudd et al., 2016). Reducing the number of unintentional overdoses has become a priority for numerous federal organizations including, but not limited to, the Centers for Disease Control and Prevention (CDC), the Federal Interagency Workgroup for Opioid Adverse Drug Events, and the Substance Abuse and Mental Health Services Administration.

Concurrent prescriptions of opioids or opioids and benzodiazepines places patients at a greater risk of unintentional overdose due to the increased risk of respiratory depression (Dowell, Haegerich, & Chou, 2016). An analysis of national prescribing patterns shows that more than half of patients who received an opioid prescription in 2009 had filled another opioid prescription within the previous 30 days (National Institute on Drug Abuse, 2011). Studies of multiple claims and prescription databases have shown that between 5%-15% of patients receive concurrent opioid prescriptions and 5%-20% of patients receive concurrent opioid and benzodiazepine prescriptions across various settings (Liu et al., 2013; Mack et al., 2015, Park et al., 2015). Patients who have multiple opioid prescriptions have an increased risk for overdose (Jena et al., 2014). Rates of fatal overdose are ten times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone (Dasgupta et al., 2015). The number of opioid overdose deaths involving benzodiazepines increased 14% on average each year from 2006 to 2011, while the number of opioid analgesic overdose deaths not involving benzodiazepines did not change significantly (Jones & McAninch, 2015). Furthermore, concurrent use of benzodiazepines with opioids was prevalent in 31%-51% of fatal overdoses (Dowell, Haegerich, & Chou, 2016). One study found that eliminating concurrent use of opioids and benzodiazepines could reduce the risk of opioid overdose-related ED and inpatient visits by 15% and potentially could have prevented an estimated 2,630 deaths related to opioid painkiller overdoses in 2015 (Sun et al., 2017).

A study on The Opioid Safety Initiative in the Veterans Health Administration (VHA), which includes an opioid and benzodiazepine concurrent prescribing measure that this measure is based on, was associated with a decrease of 20.67% overall and 0.86% patients per month (781 patients per month) receiving concurrent benzodiazepine with an opioid among all adult VHA patients who filled outpatient opioid prescriptions from October 2012 to September 2014 (Lin et al., 2017).

Adopting a measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce the costs associated with adverse events related to opioid use by (1) encouraging providers to identify patients with concurrent prescriptions of opioids or opioids and benzodiazepines and (2) discouraging providers from prescribing two or more opioids or opioids and benzodiazepines concurrently.

Type of measure: Process

Improvement noted as: Decrease in the rate

Numerator statement: Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge

Included populations: Inpatient hospitalizations who were prescribed one or more new or continuing Opioid or Benzodiazepine at discharge

Excluded populations:

- Patients with cancer, sickle cell disease (with and without crisis), patients who are receiving palliative, hospice care, Comfort Measures at the time of encounter, and patients who are receiving Medication Assisted Treatment (MAT) for Opioid Use Disorder.

Data elements:

- Two or more new or continuing opioid or benzodiazepine at discharge

Denominator statement: Inpatient hospitalizations where patients have cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter or observation stay immediately prior to hospitalization, patients receiving medication for opioid use disorder, patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patient who expire during the inpatient stay.

Included populations: Inpatient hospitalizations (inpatient stay less than or equal to 120 days) that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge

Excluded populations: Inpatient hospitalizations where patients have cancer that begins prior to or during the encounter or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the encounter, patients who are receiving MAT treatment for Opioid Use Disorder, patients discharged

to another inpatient care facility, and patients who expire during the inpatient stay, and patients who leave AMA (Against Medical Advice).

Data elements:

- Admission Date
- Birth Date
- Discharge Date
- Discharge Code
- ICD-10-CM principle/other diagnosis codes
- One or more opioid or benzodiazepine at discharge
- Receive Opioid or Benzodiazepine for a Specific Condition

Risk adjustment: No
Data collection approach: Retrospective data sources for required data elements include administrative data and medical record documents

Data accuracy: Variation may exist in the assignment of ICD-10 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/NDC codes or patient populations. Data could be analyzed further to determine specific patterns or trends to help reduce amount of opioids prescribed at discharge.

Sampling: Hospitals will abstract 100 percent of cases available

Data reported as: Aggregate rate

List of Schedule II & III Opioids and Schedule IV Benzodiazepines in Appendix C, Table 9.3 and 9.4

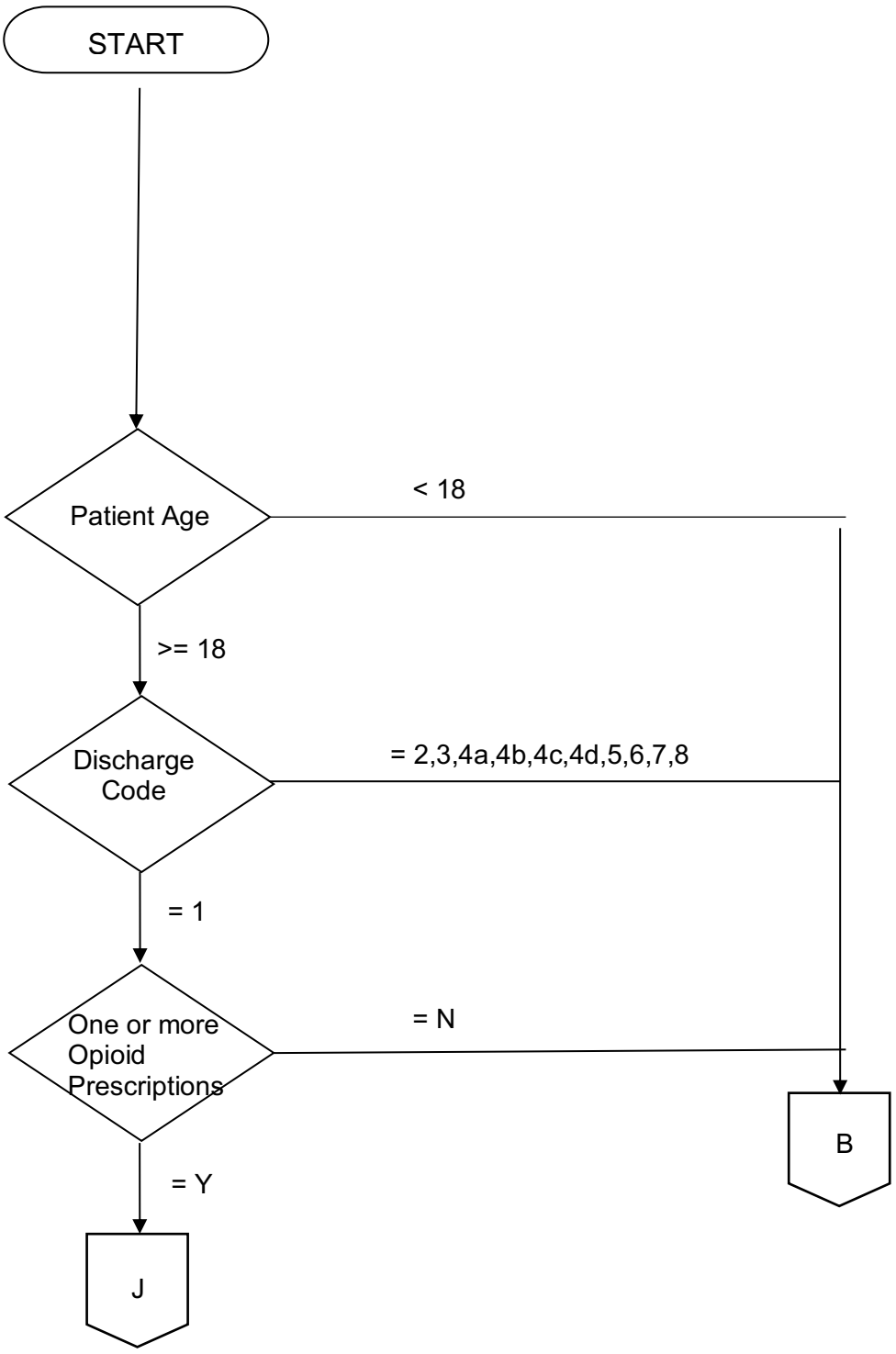
Selected references:

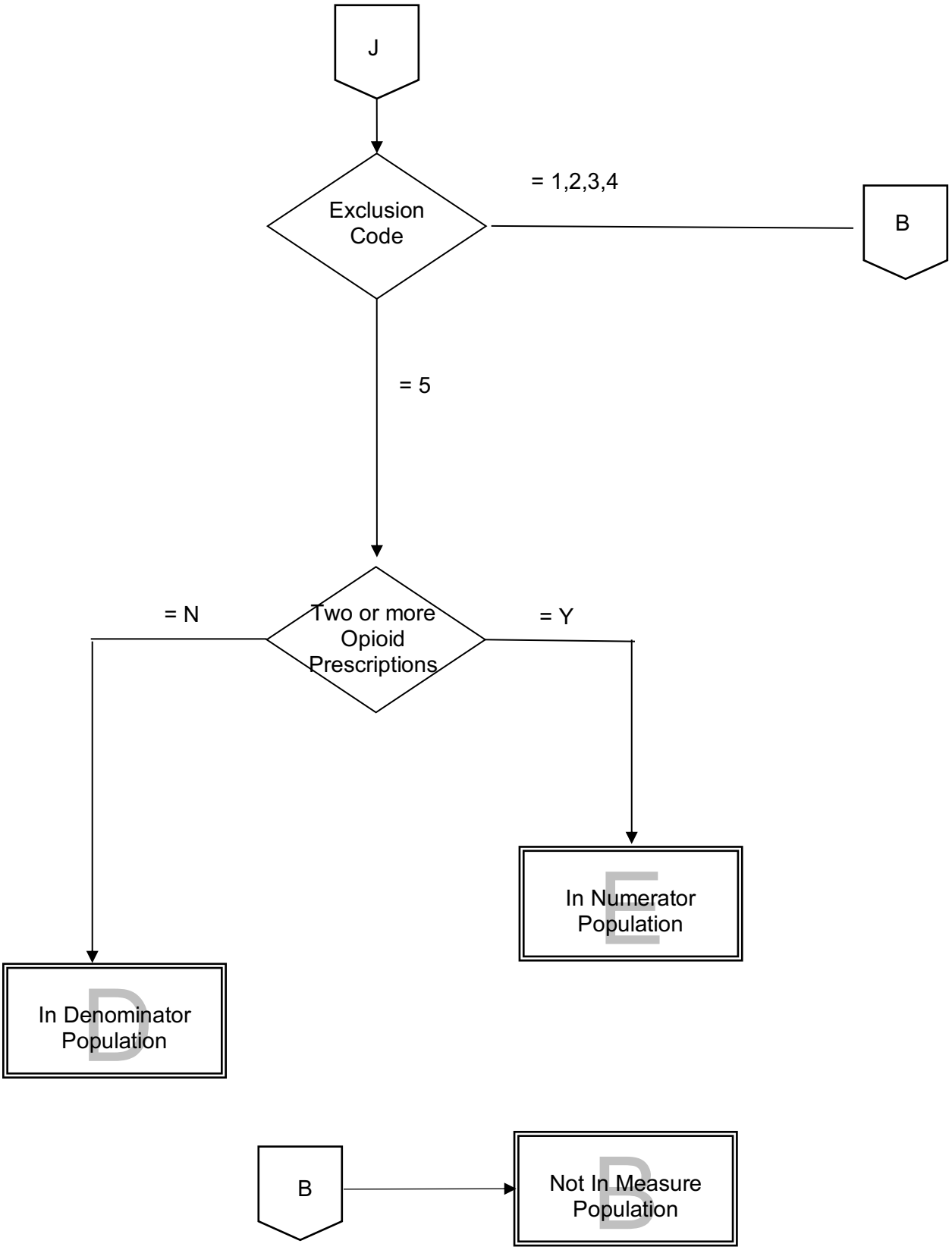
- https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS506v3.html

OPI-1: Safe Use of Opioids

Numerator: Patients who were prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge

Denominator: Patients who were prescribed one or more new or continuing opioid or benzodiazepine at discharge.




J
Exclusion Code
= 1,2,3,4
B
= 5
Two or more Opioid Prescriptions
= N
= Y
In Numerator Population
E
In Denominator Population
D
B
Not In Measure Population
B

Measure Set: Outcome Measures

Set Measure ID: OBH 1

Performance Measure Name: Severe Maternal Morbidity

Description: Identification and documentation of Severe Maternal Morbidity indicators during delivery hospitalizations

Rational: Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. (Kilpatrick SK, et al, 2016) SMM has been steadily increasing in recent years and affected more than 50,000 women in the United States in 2014. (CDC 2019).It is essential to track the patterns of SMM in order to develop and carry out interventions that will improve the quality of maternal care and reduce SMM.

Type of measure: Outcome

Improvement noted as: Decrease in the rate

Numerator Statement: The number of patients with any one of the 20 SMM codes during birth admission.

https://www.cdc.gov/maternal-infant-health/php/severe-maternal-morbidity/icd.html?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm

1. Acute myocardial infarction
2. Acute renal failure
3. Acute respiratory distress syndrome
4. Amniotic fluid embolism
5. Aneurysm
6. Cardiac arrest/ventricular fibrillation
7. Conversion of Cardiac Rhythm
8. Disseminated intravascular coagulation
9. Eclampsia
10. Heart failure/arrest during surgery or procedure
11. Puerperal cerebrovascular disorders
12. Pulmonary edema / Acute heart failure
13. Severe anesthesia complications
14. Sepsis
15. Shock
16. Sickle cell disease with crisis
17. Air and thrombotic embolism
18. Hysterectomy

19. Ventilation
20. Temporary tracheostomy

Data Elements:

- ICD-10-CM Principal Diagnosis Code
- ICD-10-CM Other Diagnosis Codes

Denominator Statement: All mothers during their birth admission, excluding ectopic and miscarriages

Data Elements:

- ICD-10-CM Principal / Other Diagnosis Codes
- ICD-10-PCS Principal / Other Procedure Codes
- Admission Date
- Discharge Date

References:

- Severe Maternal Morbidity in the United States (2019) at Center for Disease Control and Prevention site. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
- American College of Obstetricians and Gynecologists and the Society for Maternal–Fetal Medicine, Kilpatrick SK, Ecker JL. Severe maternal morbidity: screening and review. *Am J Obstet Gynecol.* 2016;215(3):B17–B22.
- The Alliance for Innovation on Maternal Health (AIM) SMM Codes List (2023): Available at https://safehealthcareforeverywoman.org/aim-data/

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 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 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* is the date the baby was born.

Suggested data sources:
ONLY ALLOWABLE SOURCES

- Physician orders
- Face sheet
- UB-04

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.

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.

Note: 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:

- None

Exclusion Guidelines for Abstraction:

- None

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 birthdate to yield the most accurate age.
- For event measures, i.e., HBIPS-2, 3, patient's age at time of event (in years) is calculated by Event Date minus Birthdate. The algorithm to calculate age must use the month and day portion of birthdate, and discharge date or event, as appropriate 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 (1907-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 birthdate 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 birthdate 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 Weight

Collected for: OBS 5

Definition: The weight (in grams) of a newborn at the time of delivery.

Note:

453.5 grams = 1 pound
28.35 grams = 1 ounce

It is recommended to enter birth weight in either grams or pounds. However, all birth weights must be converted to grams prior to indicator calculation.

Suggested data collection question: What was the weight of the newborn at delivery?

Format:

Length: 4 or UTD
Type: Alphanumeric
Occurs: 1

Allowable values:

150 through 8165 grams
UTD = Unable to Determine

Note: When converting from pounds and ounces to grams, do not round to the nearest pound before converting the weight to grams. Round to the nearest whole number after the conversion to grams.

Notes for abstraction:

- Newborns with birth weights less than 150 grams need to be verified that the baby was live born and for data quality purposes. Birth weights greater than 8165 grams need to be verified for data quality. Abstractors should review all of the suggested data sources to verify the accuracy of the data.
- If the birth weight is unable to be determined from medical record documentation, enter "UTD".
- The medical record must be abstracted as documented (taken at “face value”). When the value documented is not a valid number/value per the definition of this data element and no other documentation is found that provides this information, the abstractor should select “UTD.”
  Example:
  Documentation indicates the Birth Weight was 0 grams. No other documentation in the medical record provides a valid value. Since the Birth Weight is not a valid value, the abstractor should select “UTD.”
- The NICU admission assessment or notes should be reviewed first for the birth weight. In the absence of admission to the NICU, the delivery record or operating room record should be reviewed next for the birth weight. In cases where there is

conflicting data, use the document recording the birth weight closest to the time of delivery.

- 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 suggested data sources listed below.
- For newborns received into the hospital as a transfer, the admission birth weight may be used if the original birth weight is not available.
- If the birth weight is recorded in pounds and ounces and also in grams, abstract the value for grams.

Suggested data sources: In Order of Priority

- NICU admission assessment or notes
- Delivery record
- Operating room record
- History and physical
- Nursing notes
- Nursery record
- Physician progress notes

Data element name: Comfort Measures Only

Collected for: TOB 3

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:

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)
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+)
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
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).**
  - 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)
  - 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.”
  - If a SAPO lists different options for CMO and any CMO option is checked, select value “1,” “2,”" or “3”" as applicable.
  - 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.
  - 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.”"
  - 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.
  - 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 IN THE FOLLOWING ONLY ACCEPTABLE SOURCES

- 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 focused treatment
- Comfort measures
- Comfort measures only (CMO)
- Comfort only
- Compassionate extubation
- DCD
- DNR-CC
- Donation after Cardiac Death
- Donation after Circulatory Death
- End of life care
- Hospice
- Hospice care
- Organ harvest
- Terminal care

- Terminal extubation

Exclusion Guidelines for Abstraction:

- None

Data element name: Discharge Code

Collected for: BHS 1 and OPI 1

Definition: The final place or setting to which the patient was discharged from the outpatient setting

Suggested data collection question:

- What was the patient's discharge code from the outpatient setting?

Format:

Length: 2
Type: Alphanumeric
Occurs: 1

Allowable values:

1 Home
2 Hospice – Home
3 Hospice – Health Care Facility
4a Acute Care Facility – General Inpatient Care
4b Acute Care Facility – Critical Access Hospital
4c Acute Care Facility – Cancer Hospital or Children's Hospital
4d Acute Care Facility – Department of Defense or Veteran's Administration
5 Other Health Care Facility
6 Expired
7 Left Against Medical Advice/AMA
8 Not Documented or Unable to Determine (UTD)

Notes for abstraction:

- Use the latest documentation. However, if there is documentation that further clarifies the level of care, that documentation should be used to determine the correct value to abstract, even if it is not the latest.
  Example:
  Nursing discharge note documentation reflects that the patient is being discharged to "XYZ" Hospital. The Social Service notes from the day before discharge further clarify that the patient will be transferred to the rehab unit of "XYZ" Hospital, select value "5".
- 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 "4a".
- When determining whether to select value 7 ("Left Against Medical Advice"):
  - A signed AMA form is not required for this data element, but in the absence of a signed form, the medical record must contain physician or nurse documentation that the patient left against medical advice or AMA.

- 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 value 7).
- Physician order written to discharge to home. Nursing notes reflect that the patient left before discharge instructions could be given; select value 1.

Suggested data sources:

- Discharge instruction sheet
- Emergency department record
- Nursing discharge notes
- Physician orders
- Progress notes
- Transfer record

Additional Notes:

Excluded Data Sources:

- UB-04

Inclusion Guidelines for Abstraction:

- For Value 1:
  - Assisted Living Facilities
  - Court/Law Enforcement – includes detention facilities, jails, and prison
  - Home – includes board and care, foster or residential care, group or personal care homes, and homeless shelters
  - Home with Home Health Services
  - Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs, and Partial Hospitalization
- For Value 3:
  - Hospice Care – General Inpatient and Respite
  - Hospice Care – Residential and Skilled Facilities
  - Hospice Care – Other Health Care Facilities (excludes home)
- For 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)

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 dashes)
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, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct discharge date through chart review, she/he should default to the discharge date on the claim information.

Suggested Data Sources:

- Face sheet
- Progress notes
- Physician orders
- Discharge summary
- Nursing discharge notes
- Transfer note
- UB-04

Inclusion Guidelines for Abstraction:

- None

Exclusion Guidelines for Abstraction:

- None

Data Element Name: Discharge Disposition

Collected For: TOB 3, OBS 5

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:
  - 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 patient is being discharged to assisted living care or an assisted living facility (ALF) that is located within a skilled nursing facility, and documentation in the medical record also includes nursing home, intermediate care or skilled nursing facility, select Value “1” (“Home”).
- If the medical record states the patient is being discharged to nursing home, intermediate care or skilled nursing facility without mention of assisted living care or assisted living facility (ALF), select Value “5” (“Other Health 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:

- Consultation notes
- Progress notes
- Physician orders
- Discharge summary
- Any DMAT documentation
- Discharge instruction sheet
- Discharge planning notes
- Nursing discharge 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, but not limited to: Inpatient Rehabilitation Facility/Hospital, Rehabilitation Unit of a Hospital, Chemical Dependency/Alcohol Rehabilitation Facility
- Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed
- Transitional Care Unit (TCU)
- Veterans Home

Exclusion Guidelines for Abstraction:

- None

Data Element Name: ED Patient

Collected For: BHS 1

Definition: Patient received care in a dedicated emergency department of the facility.

Suggested Data Collection Question: Was the patient an ED patient at the facility?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable Values:

Y (Yes) There is documentation the patient was an ED patient.
N (No) There is no documentation the patient was an ED patient, OR unable to determine from medical record documentation.

Notes for Abstraction:

- For the purposes of this data element an ED patient is defined as any patient receiving care or services in the emergency department.
- Patients seen in an urgent care, ER fast track, etc. are not considered an ED patient unless they received services in the emergency department at the facility (e.g., patient treated at an urgent care and transferred to the main campus ED is considered an ED patient, but a patient seen at the urgent care and transferred to the hospital as a direct admit would not be considered an ED patient).
- Patients presenting to the ED who do not receive care or services in the ED abstract as a “No” (e.g., patient is sent to hospital from physician office and presents to ED triage and is instructed to proceed straight to floor).
- Patients presenting to the ED for outpatient services such as lab work, etc will abstract as a “Yes.”

ED: (Abstraction Guidelines for ED Measures Only)

- If a patient is transferred in from any emergency department (ED) or observation unit OUTSIDE of your hospital, select “No”." This applies even if the emergency department or observation unit is part of your hospital's system (e.g., your hospital's free-standing or satellite emergency department), has a shared medical record or provider number, or is in close proximity. Select “No”, even if the transferred patient is seen in this facility’s ED.
- If the patient is transferred to your hospital from an outside hospital where he was an inpatient or outpatient, select “No”." This applies even if the two hospitals are close in proximity, part of the same hospital system, have the same provider number, and/or there is one medical record. Select “No”, even if the transferred patient is seen in this facility’s ED.

Suggested Data Sources:

- Emergency department record
- Fact sheet
- Registration form

Inclusion Guidelines for Abstraction:

- None

Exclusion Guidelines for Abstraction:

- Urgent care
- Fast Track ED
- Terms synonymous with urgent care

Data element name: Exclusive Human Milk Feeding

Collected for: OBS 5

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

- Exclusive human milk feeding is defined as a newborn receiving only human 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 human 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 human milk during the entire hospitalization.
N (No) There is no documentation that the newborn was exclusively fed human 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 human milk feeding includes the newborn receiving human milk via a bottle or other means beside the breast or chest.
- 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 human milk, select allowable value "Yes".
- If human milk fortifier is added to the human milk, select allowable value "Yes".
- In cases where there is conflicting documentation and both exclusive human milk feeding and formula supplementation is documented, select allowable value "No".
- If the newborn received “drops” of water or formula dribbled onto the birthing person’s breast or chest to stimulate latching and not an actual feeding, select “yes”.
- If the newborn received IV fluids this is the same as a medication and not a feeding.

- If dextrose or glucose 40% gel is given it is considered a medication not a feeding. This should be reflected as such in the documentation.
- Actual feedings must be abstracted from the only acceptable data sources regardless of any documentation about feeding plans and changes to feeding plans which mention inclusion of formula.

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: 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.
- 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.
- The delivery or operating room record should be reviewed first for gestational age; documentation of a valid number should be abstracted.
- If the gestational age in the delivery or operating room record is missing, obviously incorrect (in error, e.g. 3.6), or there is conflicting data, then continue to review the following data sources, starting with the document completed closest to or at the time of the delivery until a positive finding for gestational age is found:
    - History and physical
    - Clinician admission progress note

    - Prenatal forms
- Gestational age documented closest to or at the time of the delivery (not including the newborn exam) should be abstracted.
- The phrase "estimated gestational age" is an acceptable descriptor for gestational age.
- If no gestational age was documented (e.g. the patient has not received prenatal care), select allowable value UTD.
- 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)
    - 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 handwritten entry if different gestational ages are documented in equivalent data sources, e.g., delivery record and delivery summary.

Suggested data sources:
ONLY ACCEPTABLE SOURCES:

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

Inclusion Guidelines for Abstraction:

- None

Exclusion Guidelines for Abstraction:

- None

Data element name: History of Stillbirth

Collected for: OBS 4

Definition: Documentation that the patient had prior history of stillbirth.

Suggested data collection question: Is there documentation that the patient had prior history of stillbirth?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

Y (Yes) The medical record contains documentation that the patient had prior history of stillbirth.
N (No) The medical record does not contain documentation that the patient had prior history of stillbirth OR unable to determine from medical record documentation.

Notes for abstraction:

- If there is documentation in the medical record of a prior pregnancy resulting in stillbirth, fetal death or intrauterine fetal demise occurring at 20 weeks gestation or greater, select “Yes.”

Suggested data sources:

- History and physical
- Nursing admission assessment
- Progress notes
- Physician's notes
- Prenatal forms

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 medical record?

Format:

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

Allowable values:

Any valid diagnosis code as per the CMS ICD-10-CM master code table (Code Descriptions in Tabular Order):
https://www.cms.gov/Medicare/Coding/ICD10/index.html

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-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; upper or lower case)
Type: Character
Occurs: 1

Allowable values:

Any valid diagnosis code as per the CMS ICD-10-CM master code table (Code Descriptions in Tabular Order):
https://www.cms.gov/Medicare/Coding/ICD10/index.html

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: OBS Mother, OBS Newborn

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 other procedure(s) for this record?

Format:

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

Allowable values:

Any valid procedure code as per the CMS ICD-10-PCS master code table (PCS Long and Abbreviated Titles):
https://www.cms.gov/Medicare/Coding/ICD10/index.html

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: OBS Mother, OBS Newborn

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 **principal** procedure for this record?

Format:

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

Allowable values:

Any valid procedure code as per the CMS ICD-10-PCS master code table (PCS Long and Abbreviated Titles):
https://www.cms.gov/Medicare/Coding/ICD10/index.html

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: 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, without mention of labor may be used to answer "yes" to labor. For example:
    - 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.
- Spontaneous Rupture Of Membranes (SROM) is not the same as labor. There are diagnosis codes on Table 11.07 Conditions Possibly Justifying Elective

Delivery Prior to 39 Weeks Gestation which should be used for pre-labor (premature) rupture of membranes and for prolonged rupture.

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: Palliative or Hospice Care During the Encounter

Collected for: OPI 1

Definition: The patient was receiving palliative or hospice care (including comfort measures, terminal care, or dying care) during the encounter.

Suggested data collection question: Was patient receiving palliative or hospice care during the encounter?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

Yes Patient was receiving palliative or hospice care during the encounter
No Patient was not receiving palliative or hospice care during the encounter

Notes for abstraction:

- A new OR existing order for Hospice or Palliative Care is acceptable to answer Yes to this question.

Suggested data sources:

- Consultation notes
- Discharge summary
- DNR/MOLST/POLST forms
- Emergency Department record
- History and physical
- Physician orders
- Progress notes

Data element name: Prescribed or Continuing Two or more Opioids OR Opioid and Benzodiazepine at Discharge

Collected for: OPI 1

Definition: Patient was prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge

- Opioid: Any Schedule II, III, or IV opioid medication
- Benzodiazepine: Any Schedule IV benzodiazepine medication
- Prescribed: The intent of the measure is to capture opioid and/or benzodiazepine medications continued or ordered at discharge

Suggested data collection question: Was the patient prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

Yes Patient was prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge

No Patient was not prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge

Notes for abstraction:

- Patients with cancer related pain, sickle cell disease (with and without crisis), patients who are receiving palliative, hospice care, Comfort Measures at the time of encounter, and patients who are receiving Medication Assisted Treatment (MAT) for Opioid Use Disorder are excluded.
- Patients who left AMA (Against Medical Advice) or were transferred to an Acute Care facility are excluded.
- Original order can be Inpatient, Home Medication, or Prescription

Suggested data sources:

- Discharge Medication List
- Medication Orders
- Discharge Summary
- Consultation Notes
- Progress Notes
- Nurses' Notes

Data element name: Prescription for One or More New or Continuing Opioid or Benzodiazepine at Discharge

Collected for: OPI 1

Definition: Patient was prescribed one or more new or continuing Opioid or Benzodiazepine at discharge.

- Opioid: Any Schedule II, III, or IV opioid medication
- Benzodiazepine: Any Schedule IV benzodiazepine medication
- Prescribed: The intent of the measure is to capture opioid and/or benzodiazepine medications continued or ordered at discharge

Suggested data collection question: Was patient prescribed one or more new or continuing opioid or benzodiazepine at discharge?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

Yes Patient was prescribed one or more new or continuing opioid or benzodiazepine at discharge
No Patient was not prescribed one or more new or continuing opioid or benzodiazepine at discharge

Notes for abstraction:

- Patients with cancer related pain, sickle cell disease (with and without crisis), patients who are receiving palliative, hospice care, Comfort Measures at the time of encounter, and patients who are receiving Medication Assisted Treatment (MAT) for Opioid Use Disorder are excluded.
- Patients who left AMA (Against Medical Advice) or were transferred to an Acute Care facility are excluded.
- Original order can be Inpatient, Home Medication, or Prescription

Suggested data sources:

- Discharge Medication List
- Medication Orders
- Discharge Summary
- Consultation Notes
- Progress Notes
- Nurses' Notes

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 cessation medication was offered at discharge and the patient refused
3 The patient:
  - is being discharged to a residence outside the USA
  - is released to a court hearing and does not return
  - is being discharged to jail/law enforcement

4 A prescription for an FDA-approved cessation medication was not offered at discharge or Unable to Determine (UTD) 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 NRT or a prescribed FDA-approved tobacco cessation medication is listed as a discharge medication but there is also documentation of refusal by the patient at discharge, select Value “2.”
- 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: Previous Births

Collected for: OBS 6

Definition: Documentation that the patient experienced a birth >= 20 weeks gestation regardless of the outcome (i.e. parity > 0) prior to the current hospitalization.

Suggested data collection question: Did the patient experience a birth prior to the current hospitalization?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

Y (Yes) There is documentation that the patient experienced one or more births prior to the current hospitalization.
N (No) There is no documentation that the patient experienced one or more births prior to the current hospitalization OR unable to determine from medical record documentation.

Notes for abstraction:

- The delivery or operating room record should be reviewed first for documentation of parity greater than zero. If documentation of parity greater than zero is not present or is conflicting in the delivery or operating room record, then continue to review the acceptable data sources in the following order: history and physical, clinician admission progress note, prenatal forms, and discharge summary until a positive finding for parity greater than zero is found.
- If there is conflicting documentation throughout the acceptable sources and it cannot be determined from the medical record if there were previous births, select No.
- 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)
    - 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.
- In the absence of parity, documentation that the patient experienced a previous birth > = 20 weeks gestation regardless of the outcome may be used. If the

number for parity documented is "one" and includes the delivery for the current hospitalization, do not include the current delivery to determine previous births.
- A string of three or more numbers without the alpha designation of "p" preceding the second number cannot be used to determine parity. Example: 321 When GTPAL terminology is documented, G= Gravida, T= Term, P= Preterm, A= Abortions, L= Living, P does not equal parity.

Suggested data sources:
ONLY ACCEPTABLE SOURCES IN ORDER OF PREFERENCE:
- Delivery or Operating room record, note or summary
- History and physical
- Admission clinician progress note
- Prenatal forms
- Discharge summary

Inclusion Guidelines for Abstraction:
- Number of previous births is greater than 0
- Parity is greater than 0
- Term is greater than 0
- Preterm is greater than 0
- Living is greater than 0
- Documentation of multiparous

Exclusion Guidelines for Abstraction:
- Number of previous births equals 0
- Parity equals 0
- Gravidity equals 1
- Documentation of primigravida or nulliparous
- Preterm and term births equals 0

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:
In order to select “yes”, the current episode of care must contain documentation of one of the included surgeries below. Documentation of an inverted T or J incision would be acceptable for allowable value "yes" for prior uterine surgery.

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 a cornual ectopic pregnancy
- History of transabdominal cerclage

- History of metroplasty and/or prior removal of vestigial horn with entry into the uterine cavity
- Documentation of prior uterine incision with descriptors including "high" or "vertical" or "mid" or "active segment" or "classical".

Exclusion Guidelines for Abstraction:

- Prior low transverse cesarean birth
- Prior cesarean birth without specifying prior classical cesarean birth
- History of an ectopic pregnancy without specifying cornual 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 administering 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.
- Patient is pregnant.
- 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, (UTD) from medical record documentation.

Notes for abstraction:

- Reasons (other than pregnancy) for not prescribing FDA-approved tobacco cessation medications must be documented by a physician/APN/PA or pharmacist.
- If there is any documentation in the medical record indicating the patient is pregnant, select “Yes.”
- 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."
- 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: Receive Opioid or Benzodiazepine for a Specific Condition

Collected for: OPI 1

Definition: Patient was prescribed one or more new or continuing Opioid or Benzodiazepine at discharge.

- Opioid: Any Schedule II or III opioid medication
- Benzodiazepine: Any Schedule IV benzodiazepine medication
- Prescribed: The intent of the measure is to capture opioid and/or benzodiazepine medications continued or ordered at discharge

Suggested data collection question: Did the patient receive the opioid or benzodiazepine for any of the following conditions?

Format:

Length: 3
Type: Alphanumeric
Occurs: 1

Allowable values:

1 Cancer Related Pain
2 Sickle Cell Disease
3 Medication Assisted Treatment (MAT) for Opioid Use Disorder
4 Palliative or Hospice Care
5 None of the above OR Unable to determine (UTD)

Notes for abstraction:

- Patients with cancer related pain, sickle cell disease (with and without crisis), patients who are receiving palliative, hospice care, comfort measures at the time of encounter, and patients who are receiving Medication Assisted Treatment (MAT) for Opioid Use Disorder.
- Patients who left AMA (Against Medical Advice) or were transferred to an Acute Care facility are excluded from abstraction.
- Original order can be Inpatient, Home Medication, or Prescription

Suggested data sources:

- Discharge Medication List
- Medication Orders
- Discharge Summary
- Consultation Notes
- Progress Notes
- Nurses' Notes

Inclusion Guidelines for Abstraction:

- None

Exclusion Guidelines for Abstraction:

- None

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 and/or individual counseling. A counseling referral is defined as an appointment made by the healthcare provider or hospital either through telephone contact, fax, the EHR 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 prior to discharge
2 Referral information was given to the patient at discharge but the appointment was not made by the provider prior to discharge
3 The patient refused the referral for outpatient tobacco cessation counseling treatment and the referral was not made
4 The patient:

- is being discharged to a residence outside the USA
- is released to a court hearing and does not return
- is being discharged to jail/law enforcement

5 The referral for outpatient tobacco cessation counseling treatment was not offered at discharge or Unable to Determine (UTD) 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 a patient is referred to an outpatient tobacco cessation counseling provider that does not schedule appointments and the patient was given a specific date and time to present for counseling, select Value “1.”
- 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.” Note that if Value “2” is selected, the case will not pass the measure. Value “2” can be used as part of an internal performance improvement activity in order to determine if any type of referral was made rather than no referral.

- If a referral for outpatient tobacco cessation counseling was offered during the hospitalization and the patient refused, select Value “3.” It does not need to be offered again at discharge.
- Value "4" should be selected if the patient:
    - is being discharged to a residence outside the USA
    - is released to a court hearing and does not return
    - is being discharged to jail/law enforcement
- 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 because the referral was not offered.
- If the patient refused practical counseling (Tobacco Use Treatment Practical Counseling) during the hospitalization, a referral for outpatient tobacco cessation counseling must still be offered at the time of discharge. Select Value “5” if a referral for outpatient counseling 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
- Individual counseling
- Quitline

Exclusion Guidelines for Abstraction:

- E-health
- Internet structured programs
- Self-help interventions (brochures, videotapes, audiotapes)

Data element name: Suicide Risk Screening in the Emergency Department

Collected for: BHS 1

Definition: Documentation that the patient was screened for suicide risk during the hospital emergency department stay.

Suggested data collection question: Is there documentation that the patient was screened for suicide risk during the hospital emergency department stay?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

1 There is documentation that the patient was screened for suicide risk during the hospital emergency department stay
2 There is no documentation that the patient was screened for suicide risk during the hospital emergency department stay
3 There is documentation that the patient refused the screening for suicide risk
4 There is documentation of cognitive impairment during the hospital emergency department stay

Notes for abstraction:

- A suicide risk screening must be completed by a physician, APN, PA, registered nurse (RN), or EMT during the emergency department stay.
- If there is documentation of any of the examples of cognitive impairment below during the hospital emergency department stay, select Value “4” regardless of conflicting documentation. Examples of cognitive impairment include:
    - Altered mental status
    - Cognitive impairment
    - Cognitively impaired
    - Confused
    - Dementia
    - Memory loss
    - Mentally handicapped
    - Obtunded
    - Psychotic/psychosis with documented symptoms

Suggested data sources:

- Emergency department record

Data element name: Suicide Risk Screening Plan for Follow up Care

Collected for: BHS 2

Definition: Plan for follow-up care such as:

- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Suggested data collection question: Documentation that the patient received a plan for follow-up care?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

1 The patient received a plan for follow-up care
2 The patient refused the plan for follow-up care
3 The follow-up care plan was not offered to the patient at discharge or unable to determine from medical record documentation

Notes for abstraction:

- The follow-up plan must be completed by a physician, APN, PA or registered nurse (RN) during the emergency department stay.
- A follow-up plan includes, but is not limited to:
    - A scheduled follow-up appointment
    - Discharge/Transfer to another healthcare facility
    - Admission to your facility for further care
    - Instruction for the patient to make an appointment with a healthcare provider for further treatment

Suggested data sources:

- Emergency department record

Data element name: Suicide Risk Screening Result

Collected for: BHS 2

Definition: The result of suicide risk screening.

Suggested data collection question: Was the result of suicide risk screening positive?

Format:

Length: 3
Type: Alphanumeric
Occurs: 1

Allowable values:

Y (Yes): The result of suicide risk screening was positive
N (No): The result of suicide risk screening was negative
UTD (Unable to Determine): There is no documentation of the suicide risk screening result

Notes for abstraction:

- The result of suicide risk screening must be documented by a physician, APN, PA or registered nurse (RN) during the emergency department stay

Suggested data sources:

- Emergency department record

Data element name: Syphilis Screen at Admission for Delivery

Collected for: OBS 10

Definition: Arkansas ranks among the top 10 states with the highest incidence rates of congenital syphilis. Untreated congenital syphilis can lead to severe health consequences for newborns, including brain damage, organ failure, and even death. From 2017 to 2023, Arkansas saw a nearly fivefold increase in congenital syphilis cases. To combat the rising cases in the state, the AFMC IQI SFY2026 program will focus on implementing universal syphilis screening for pregnant patients at Arkansas birthing hospitals during the delivery hospitalization.

Suggested data collection question: Was the patient screened for Syphilis at the time of admission for delivery?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

Y (Yes) The patient was screened for Syphilis at the time of admission for delivery
N (No) The patient was not screened for Syphilis at the time of admission for delivery

Notes for abstraction:

- The patient must be screened for Syphilis using a blood drawn lab test
- If a patient refuses to be screened, you must answer NO to this question

Suggested data sources:

- Hospital Laboratory Flow Sheet/Documents

Inclusion Guidelines for Abstraction:

- None

Exclusion Guidelines for Abstraction:

- None

Data element name: Syphilis Screen at Admission for Delivery - Result

Collected for: OBS 10

Definition: Arkansas ranks among the top 10 states with the highest incidence rates of congenital syphilis. Untreated congenital syphilis can lead to severe health consequences for newborns, including brain damage, organ failure, and even death. From 2017 to 2023, Arkansas saw a nearly fivefold increase in congenital syphilis cases. To combat the rising cases in the state, the AFMC IQI SFY2026 program will focus on implementing universal syphilis screening for pregnant patients at Arkansas birthing hospitals during the delivery hospitalization.

Suggested data collection question: What was the result of the patient's syphilis screen at the time of admission for delivery?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

1 **Positive** The result of the patient's syphilis screen at the time of admission for delivery was positive
2 **Negative The** result of the patient's syphilis screen at the time of admission for delivery was negative

Notes for abstraction:

- The patient must be screened for Syphilis using a blood drawn lab test

Suggested data sources:

- Hospital Laboratory Flowsheet/Documents

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 documentation that the newborn was not at term or >= 37 completed weeks of gestation at the time of birth.
UTD 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, including a range of numbers that are 37 weeks or greater, e.g., 37-38 weeks gestation.
- 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.
- In cases where there are two different values documented for gestational age and one is determined by examination and the other is determined by the best obstetrical estimate (OE) based on dates, abstract the value determined by dates.

Suggested data sources:

- History and physical
- Nursing notes
- Nursing admission assessment
- Progress notes
- Physician's notes
- Discharge summary

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: TOB 3

Definition: Documentation within the first day of admission (by the end of Day 1) of the adult patient's tobacco use status. Tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipe, and cigars.

Suggested data collection question: What is the patient's tobacco use status?

Format:

Length: 1
Type: Alphanumeric
Occurs: 1

Allowable values:

1 Current everyday tobacco user
2 Current some day tobacco user
3 Former tobacco user
4 Never tobacco user
5 The patient refused the tobacco use screen
6 Tobacco use status unknown
7 The patient was not screened for tobacco use within the first day of admission (by end of Day 1) because of cognitive impairment.

Notes for abstraction:

- The tobacco use status screening must have occurred within the first day of admission (by the end of Day 1). This includes the day of admission which is defined as Day 0, and the day after admission which is defined as Day 1
  Exception:
  If the screening was performed within 3 days prior to admission, i.e., at the transferring facility, in another inpatient hospital unit, emergency department or observation unit, the screening documentation must be present in the current medical record.
- There is no requirement to capture volume of use.
- If there is documentation that the patient uses any amount or any type of tobacco product on a daily basis, select Value "1."
- Current someday tobacco user is defined as tobacco use that is infrequent, sporadic, use that is not on a daily basis. This is regardless of volume or occurrence of tobacco use.
- If there is documentation that the patient is not a current tobacco user but used tobacco at any time in the past, regardless of date of last tobacco use, select Value "3."

- If the patient was not screened for tobacco use within the first day of admission (by the end of Day 1) or unable to determine the patient's tobacco use status from medical record documentation, select Value "6."
- If there is any conflicting documentation about the patient's tobacco use status, where there is documentation of both tobacco use and no tobacco use, e.g., RN assessment states patient does not use any tobacco products but there is also physician documentation in the H & P that the patient is a "smoker," select Value "6" since tobacco use status is unable to be determined.
- When both daily and sporadic ("some day") tobacco use are documented, select Value "1".
- 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, smokeless tobacco products, pipe, and cigars.
- 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."
- 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) within the first day of admission (by end of Day 1).
- If there is documentation within the first day of admission (by end of Day 1) that the patient was psychotic, symptoms of psychosis, e.g., hallucinating, non-communicative, catatonic, etc., must also be documented for the patient to be considered cognitively impaired.
- If there is documentation to "rule out" a condition/diagnosis related to cognitive impairment, Value "7" cannot be selected unless there is documentation of symptoms.
  Examples:
  - Patient actively hallucinating, rule out psychosis. (Select Value "7").
  - Rule out psychosis. (Cannot select Value "7").
- If there is documentation of any of the examples of cognitive impairment below within the first day of admission (by the end of Day 1), select Value "7" regardless of conflicting documentation.
  Examples of cognitive impairment include:
  - Altered Level of Consciousness (LOC)
  - Altered Mental Status
  - Cognitive impairment
  - Cognitively impaired

    - Cognitive impairment due to acute substance use; overdose, acute intoxication
    - Confused
    - Dementia
    - Intubation and patient is intubated through the end of Day 1
    - Memory loss
    - Mentally handicapped
    - Obtunded
    - Psychotic/psychosis with documented symptoms
    - Sedation
- Documentation of cognitive impairment overrides documentation of a tobacco screen and therefore would not be considered "conflicting documentation." Even if the family or others tell staff the patient uses tobacco, the patient could not be appropriately screened and subsequently counseled due to cognitive impairment. Select Value “7.”

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

Appendix A – Diagnosis & Procedure Code Tables

BHS procedure code tables

OP Table 1.0: E/M Codes for Emergency Department Encounters Code

99281	Emergency department visit, new or established patient
99282	Emergency department visit, new or established patient
99283	Emergency department visit, new or established patient
99284	Emergency department visit, new or established patient
99285	Emergency department visit, new or established patient
99291	Critical care, evaluation and management

OBS diagnosis code tables

Table Number 11.01.1: Delivery

10D00Z0	Extraction of Products of Conception, High, Open Approach
10D00Z1	Extraction of Products of Conception, Low, Open Approach
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening
10E0XZZ	Delivery of Products of Conception, External Approach

Table Number 11.05: Medical Induction of Labor

0U7C7DZ	Dilation of Cervix with Intraluminal Device, Via Natural or Artificial Opening
0U7C7ZZ	Dilation of Cervix, Via Natural or Artificial Opening
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening
3E033VJ	Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach
3E0DXGC	Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach
3E0P3VZ	Introduction of Hormone into Female Reproductive, Percutaneous Approach
3E0P7GC	Introduction of Other Therapeutic Substance into Female Reproductive, Via Natural or Artificial Opening
3E0P7VZ	Introduction of Hormone into Female Reproductive, Via Natural or Artificial Opening

Table Number 11.06: Cesarean Birth

10D00Z0	Extraction of Products of Conception, High, Open Approach
10D00Z1	Extraction of Products of Conception, Low, Open Approach
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach

Table Number 11.06.1: Planned Cesarean Birth in Labor

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

Table Number 11.07: Conditions Possibly Justifying Elective Delivery

B20	Human immunodeficiency virus [HIV] disease
J80	Acute respiratory distress syndrome
J9600	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J9601	Acute respiratory failure with hypoxia
J9602	Acute respiratory failure with hypercapnia
J9690	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia

J9691 Respiratory failure, unspecified with hypoxia
J9692 Respiratory failure, unspecified with hypercapnia
K8000 Calculus of gallbladder with acute cholecystitis without obstruction
K8001 Calculus of gallbladder with acute cholecystitis with obstruction
K8012 Calculus of gallbladder with acute and chronic cholecystitis without obstruction
K8013 Calculus of gallbladder with acute and chronic cholecystitis with obstruction
K8042 Calculus of bile duct with acute cholecystitis without obstruction
K8043 Calculus of bile duct with acute cholecystitis with obstruction
K8046 Calculus of bile duct with acute and chronic cholecystitis without obstruction
K8047 Calculus of bile duct with acute and chronic cholecystitis with obstruction
K8062 Calculus of gallbladder and bile duct with acute cholecystitis without obstruction
K8063 Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
K8066 Calculus of gallbladder and bile duct with acute and chronic cholecystitis without obstruction
K8067 Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction
K810 Acute cholecystitis
K812 Acute cholecystitis with chronic cholecystitis
K835 Biliary cyst
K838 Other specified diseases of biliary tract
K87 Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
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
O112 Pre-existing hypertension with pre-eclampsia, second trimester
O113 Pre-existing hypertension with pre-eclampsia, third trimester
O114 Pre-existing hypertension with pre-eclampsia, complicating childbirth
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
O134 Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O1402 Mild to moderate pre-eclampsia, second trimester
O1403 Mild to moderate pre-eclampsia, third trimester
O1404 Mild to moderate pre-eclampsia, complicating childbirth
O1412 Severe pre-eclampsia, second trimester
O1413 Severe pre-eclampsia, third trimester
O1414 Severe pre-eclampsia complicating childbirth
O1422 HELLP syndrome (HELLP), second trimester
O1423 HELLP syndrome (HELLP), third trimester
O1424 HELLP syndrome, complicating childbirth
O1492 Unspecified pre-eclampsia, second trimester
O1493 Unspecified pre-eclampsia, third trimester
O1494 Unspecified pre-eclampsia, complicating childbirth
O1502 Eclampsia complicating pregnancy, second trimester
O1503 Eclampsia complicating pregnancy, third trimester
O151 Eclampsia complicating labor
O152 Eclampsia complicating the puerperium
O161 Unspecified maternal hypertension, first trimester
O162 Unspecified maternal hypertension, second trimester
O163 Unspecified maternal hypertension, third trimester
O164 Unspecified maternal hypertension, complicating childbirth
O24011 Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24012 Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24013 Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O2402 Pre-existing type 1 diabetes mellitus, in childbirth
O24111 Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24112 Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24113 Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O2412 Pre-existing type 2 diabetes mellitus, 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
O24415 Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24419 Gestational diabetes mellitus in pregnancy, unspecified control
O24420 Gestational diabetes mellitus in childbirth, diet controlled
O24424 Gestational diabetes mellitus in childbirth, insulin controlled
O24425 Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
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

O26641Intrahepatic cholestasis of pregnancy, first trimester
O26642Intrahepatic cholestasis of pregnancy, second trimester
O26643Intrahepatic cholestasis of pregnancy, third trimester
O26831Pregnancy related renal disease, first trimester
O26832Pregnancy related renal disease, second trimester
O26833Pregnancy related renal disease, third trimester
O30001Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30002Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30003Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30011Twin pregnancy, monochorionic/monoamniotic, first trimester
O30012Twin pregnancy, monochorionic/monoamniotic, second trimester
O30013Twin pregnancy, monochorionic/monoamniotic, third trimester
O30031Twin pregnancy, monochorionic/diamniotic, first trimester
O30032Twin pregnancy, monochorionic/diamniotic, second trimester
O30033Twin pregnancy, monochorionic/diamniotic, third trimester
O30041Twin pregnancy, dichorionic/diamniotic, first trimester
O30042Twin pregnancy, dichorionic/diamniotic, second trimester
O30043Twin pregnancy, dichorionic/diamniotic, third trimester
O30091Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30092Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30093Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30101Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30102Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30103Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30111Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30112Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30113Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30121Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30122Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30123Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30131Triplet pregnancy, trichorionic/triamniotic, first trimester
O30132Triplet pregnancy, trichorionic/triamniotic, second trimester
O30133Triplet pregnancy, trichorionic/triamniotic, third trimester
O30191Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30192Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30193Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30201Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30202Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30203Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30211Quadruplet pregnancy with two or more monochorionic fetuses, first trimester

O30212Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30213Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30221Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30222Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30223Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30231Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30232Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30233Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30291Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30292Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30293Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30801Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30802Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30803Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30811Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O30812Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O30813Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30821Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30822Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30823Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30831Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30832Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30833Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30891Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30892Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30893Other 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
O3122X3 Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
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
O3131X0 Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, not applicable or unspecified
O3131X1 Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 1
O3131X2 Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 2
O3131X3 Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 3
O3131X4 Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 4
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
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
O318X25 Other complications specific to multiple gestation, second trimester, fetus 5
O318X29 Other complications specific to multiple gestation, second trimester, other fetus
O318X30 Other complications specific to multiple gestation, third trimester, not applicable or unspecified
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
O34212Maternal care for vertical scar from previous cesarean delivery
O3500X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, not applicable or unspecified
O3500X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 1
O3500X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 2
O3500X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 3
O3500X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 4
O3500X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 5
O3500X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, other fetus
O3501X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, not applicable or unspecified
O3501X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 1
O3501X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 2
O3501X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 3
O3501X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 4
O3501X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 5
O3501X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, other fetus
O3502X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, not applicable or unspecified
O3502X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 1
O3502X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 2
O3502X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 3
O3502X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 4

O3502X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 5
O3502X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, other fetus
O3503X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, not applicable or unspecified
O3503X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 1
O3503X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 2
O3503X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 3
O3503X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 4
O3503X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 5
O3503X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, other fetus
O3504X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, not applicable or unspecified
O3504X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 1
O3504X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 2
O3504X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 3
O3504X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 4
O3504X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 5
O3504X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, other fetus
O3505X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, not applicable or unspecified
O3505X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 1
O3505X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 2
O3505X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 3
O3505X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 4
O3505X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 5
O3505X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, other fetus
O3506X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, not applicable or unspecified
O3506X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 1
O3506X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 2
O3506X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 3

O3506X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 4
O3506X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 5
O3506X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, other fetus
O3507X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, not applicable or unspecified
O3507X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 1
O3507X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 2
O3507X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 3
O3507X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 4
O3507X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 5
O3507X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, other fetus
O3508X0 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, not applicable or unspecified
O3508X1 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 1
O3508X2 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 2
O3508X3 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 3
O3508X4 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 4
O3508X5 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 5
O3508X9 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, other fetus
O3509X0 Maternal care for (suspected) other central nervous system malformation or damage in fetus, not applicable or unspecified
O3509X1 Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 1
O3509X2 Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 2
O3509X3 Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 3
O3509X4 Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 4
O3509X5 Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 5
O3509X9 Maternal care for (suspected) other central nervous system malformation or damage in fetus, other fetus
O3510X0 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, not applicable or unspecified
O3510X1 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 1
O3510X2 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 2
O3510X3 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 3
O3510X4 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 4
O3510X5 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 5

O3510X9 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, other fetus
O3511X0 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, not applicable or unspecified
O3511X1 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 1
O3511X2 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 2
O3511X3 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 3
O3511X4 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 4
O3511X5 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 5
O3511X9 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, other fetus
O3512X0 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, not applicable or unspecified
O3512X1 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 1
O3512X2 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 2
O3512X3 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 3
O3512X4 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 4
O3512X5 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 5
O3512X9 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, other fetus
O3513X0 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, not applicable or unspecified
O3513X1 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 1
O3513X2 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 2
O3513X3 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 3
O3513X4 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 4
O3513X5 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 5
O3513X9 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, other fetus
O3514X0 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, not applicable or unspecified
O3514X1 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 1
O3514X2 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 2
O3514X3 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 3
O3514X4 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 4
O3514X5 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 5
O3514X9 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, other fetus
O3515X0 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, not applicable or unspecified
O3515X1 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 1
O3515X2 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 2
O3515X3 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 3
O3515X4 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 4
O3515X5 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 5
O3515X9 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, other fetus
O3519X0 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, not applicable or unspecified

O3519X1 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 1
O3519X2 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 2
O3519X3 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 3
O3519X4 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 4
O3519X5 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 5
O3519X9 Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, 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
O353XX9 Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus
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
O358XX3 Maternal care for other (suspected) fetal abnormality and damage, fetus 3
O358XX4 Maternal care for other (suspected) fetal abnormality and damage, fetus 4
O358XX5 Maternal care for other (suspected) fetal abnormality and damage, fetus 5
O358XX9 Maternal care for other (suspected) fetal abnormality and damage, other fetus
O35AXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, not applicable or unspecified
O35AXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 1
O35AXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 2

O35AXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 3
O35AXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 4
O35AXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 5
O35AXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, other fetus
O35BXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, not applicable or unspecified
O35BXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 1
O35BXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 2
O35BXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 3
O35BXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 4
O35BXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 5
O35BXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, other fetus
O35CXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, not applicable or unspecified
O35CXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 1
O35CXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 2
O35CXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 3
O35CXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 4
O35CXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 5
O35CXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, other fetus
O35DXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, not applicable or unspecified
O35DXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 1
O35DXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 2
O35DXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 3
O35DXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 4
O35DXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 5
O35DXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, other fetus
O35EXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, not applicable or unspecified
O35EXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 1

O35EXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 2
O35EXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 3
O35EXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 4
O35EXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 5
O35EXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, other fetus
O35FXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, not applicable or unspecified
O35FXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 1
O35FXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 2
O35FXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 3
O35FXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 4
O35FXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 5
O35FXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, other fetus
O35GXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, not applicable or unspecified
O35GXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 1
O35GXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 2
O35GXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 3
O35GXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 4
O35GXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 5
O35GXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, other fetus
O35HXX0 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, not applicable or unspecified
O35HXX1 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 1
O35HXX2 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 2
O35HXX3 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 3
O35HXX4 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 4
O35HXX5 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 5
O35HXX9 Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, 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, other fetus
O360120 Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified
O360121 Maternal care for anti-D [Rh] antibodies, second trimester, fetus 1
O360122 Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2
O360123 Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3
O360124 Maternal care for anti-D [Rh] antibodies, second trimester, fetus 4
O360125 Maternal care for anti-D [Rh] antibodies, second trimester, fetus 5
O360129 Maternal care for anti-D [Rh] antibodies, second trimester, other fetus
O360130 Maternal care for anti-D [Rh] antibodies, third trimester, not applicable or unspecified
O360131 Maternal care for anti-D [Rh] antibodies, third trimester, fetus 1
O360132 Maternal care for anti-D [Rh] antibodies, third trimester, fetus 2
O360133 Maternal care for anti-D [Rh] antibodies, third trimester, fetus 3
O360134 Maternal care for anti-D [Rh] antibodies, third trimester, fetus 4
O360135 Maternal care for anti-D [Rh] antibodies, third trimester, fetus 5
O360139 Maternal care for anti-D [Rh] antibodies, third trimester, other fetus
O360910 Maternal care for other rhesus isoimmunization, first trimester, not applicable or unspecified
O360911 Maternal care for other rhesus isoimmunization, first trimester, fetus 1
O360912 Maternal care for other rhesus isoimmunization, first trimester, fetus 2
O360913 Maternal care for other rhesus isoimmunization, first trimester, fetus 3
O360914 Maternal care for other rhesus isoimmunization, first trimester, fetus 4
O360915 Maternal care for other rhesus isoimmunization, first trimester, fetus 5
O360919 Maternal care for other rhesus isoimmunization, first trimester, other fetus
O360920 Maternal care for other rhesus isoimmunization, second trimester, not applicable or unspecified
O360921 Maternal care for other rhesus isoimmunization, second trimester, fetus 1
O360922 Maternal care for other rhesus isoimmunization, second trimester, fetus 2
O360923 Maternal care for other rhesus isoimmunization, second trimester, fetus 3
O360924 Maternal care for other rhesus isoimmunization, second trimester, fetus 4
O360925 Maternal care for other rhesus isoimmunization, second trimester, fetus 5
O360929 Maternal care for other rhesus isoimmunization, second trimester, other fetus
O360930 Maternal care for other rhesus isoimmunization, third trimester, not applicable or unspecified
O360931 Maternal care for other rhesus isoimmunization, third trimester, fetus 1
O360932 Maternal care for other rhesus isoimmunization, third trimester, fetus 2
O360933 Maternal care for other rhesus isoimmunization, third trimester, fetus 3
O360934 Maternal care for other rhesus isoimmunization, third trimester, fetus 4
O360935 Maternal care for other rhesus isoimmunization, third trimester, fetus 5
O360939 Maternal care for other rhesus isoimmunization, third trimester, other fetus
O361110 Maternal care for Anti-A sensitization, first trimester, not applicable or unspecified
O361111 Maternal care for Anti-A sensitization, first trimester, fetus 1
O361112 Maternal care for Anti-A sensitization, first trimester, fetus 2
O361113 Maternal care for Anti-A sensitization, first trimester, fetus 3
O361114 Maternal care for Anti-A sensitization, first trimester, fetus 4
O361115 Maternal care for Anti-A sensitization, first trimester, fetus 5
O361119 Maternal care for Anti-A sensitization, first trimester, other fetus
O361120 Maternal care for Anti-A sensitization, second trimester, not applicable or unspecified
O361121 Maternal care for Anti-A sensitization, second trimester, fetus 1
O361122 Maternal care for Anti-A sensitization, second trimester, fetus 2
O361123 Maternal care for Anti-A sensitization, second trimester, fetus 3
O361124 Maternal care for Anti-A sensitization, second trimester, fetus 4
O361125 Maternal care for Anti-A sensitization, second trimester, fetus 5

O361129 Maternal care for Anti-A sensitization, second trimester, other fetus
O361130 Maternal care for Anti-A sensitization, third trimester, not applicable or unspecified
O361131 Maternal care for Anti-A sensitization, third trimester, fetus 1
O361132 Maternal care for Anti-A sensitization, third trimester, fetus 2
O361133 Maternal care for Anti-A sensitization, third trimester, fetus 3
O361134 Maternal care for Anti-A sensitization, third trimester, fetus 4
O361135 Maternal care for Anti-A sensitization, third trimester, fetus 5
O361139 Maternal care for Anti-A sensitization, third trimester, other fetus
O361910 Maternal care for other isoimmunization, first trimester, not applicable or unspecified
O361911 Maternal care for other isoimmunization, first trimester, fetus 1
O361912 Maternal care for other isoimmunization, first trimester, fetus 2
O361913 Maternal care for other isoimmunization, first trimester, fetus 3
O361914 Maternal care for other isoimmunization, first trimester, fetus 4
O361915 Maternal care for other isoimmunization, first trimester, fetus 5
O361919 Maternal care for other isoimmunization, first trimester, other fetus
O361920 Maternal care for other isoimmunization, second trimester, not applicable or unspecified
O361921 Maternal care for other isoimmunization, second trimester, fetus 1
O361922 Maternal care for other isoimmunization, second trimester, fetus 2
O361923 Maternal care for other isoimmunization, second trimester, fetus 3
O361924 Maternal care for other isoimmunization, second trimester, fetus 4
O361925 Maternal care for other isoimmunization, second trimester, fetus 5
O361929 Maternal care for other isoimmunization, second trimester, other fetus
O361930 Maternal care for other isoimmunization, third trimester, not applicable or unspecified
O361931 Maternal care for other isoimmunization, third trimester, fetus 1
O361932 Maternal care for other isoimmunization, third trimester, fetus 2
O361933 Maternal care for other isoimmunization, third trimester, fetus 3
O361934 Maternal care for other isoimmunization, third trimester, fetus 4
O361935 Maternal care for other isoimmunization, third trimester, fetus 5
O361939 Maternal care for other isoimmunization, third trimester, other fetus
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
O365110 Maternal care for known or suspected placental insufficiency, first trimester, not applicable or unspecified
O365111 Maternal care for known or suspected placental insufficiency, first trimester, fetus 1
O365112 Maternal care for known or suspected placental insufficiency, first trimester, fetus 2
O365113 Maternal care for known or suspected placental insufficiency, first trimester, fetus 3
O365114 Maternal care for known or suspected placental insufficiency, first trimester, fetus 4
O365115 Maternal care for known or suspected placental insufficiency, first trimester, fetus 5
O365119 Maternal care for known or suspected placental insufficiency, first trimester, other fetus
O365120 Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified
O365121 Maternal care for known or suspected placental insufficiency, second trimester, fetus 1
O365122 Maternal care for known or suspected placental insufficiency, second trimester, fetus 2
O365123 Maternal care for known or suspected placental insufficiency, second trimester, fetus 3
O365124 Maternal care for known or suspected placental insufficiency, second trimester, fetus 4
O365125 Maternal care for known or suspected placental insufficiency, second trimester, fetus 5
O365129 Maternal care for known or suspected placental insufficiency, second trimester, other fetus
O365130 Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified

O365131 Maternal care for known or suspected placental insufficiency, third trimester, fetus 1
O365132 Maternal care for known or suspected placental insufficiency, third trimester, fetus 2
O365133 Maternal care for known or suspected placental insufficiency, third trimester, fetus 3
O365134 Maternal care for known or suspected placental insufficiency, third trimester, fetus 4
O365135 Maternal care for known or suspected placental insufficiency, third trimester, fetus 5
O365139 Maternal care for known or suspected placental insufficiency, third trimester, other fetus
O365910 Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspecified
O365911 Maternal care for other known or suspected poor fetal growth, first trimester, fetus 1
O365912 Maternal care for other known or suspected poor fetal growth, first trimester, fetus 2
O365913 Maternal care for other known or suspected poor fetal growth, first trimester, fetus 3
O365914 Maternal care for other known or suspected poor fetal growth, first trimester, fetus 4
O365915 Maternal care for other known or suspected poor fetal growth, first trimester, fetus 5
O365919 Maternal care for other known or suspected poor fetal growth, first trimester, other fetus
O365920 Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified
O365921 Maternal care for other known or suspected poor fetal growth, second trimester, fetus 1
O365922 Maternal care for other known or suspected poor fetal growth, second trimester, fetus 2
O365923 Maternal care for other known or suspected poor fetal growth, second trimester, fetus 3
O365924 Maternal care for other known or suspected poor fetal growth, second trimester, fetus 4
O365925 Maternal care for other known or suspected poor fetal growth, second trimester, fetus 5
O365929 Maternal care for other known or suspected poor fetal growth, second trimester, other fetus
O365930 Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified
O365931 Maternal care for other known or suspected poor fetal growth, third trimester, fetus 1
O365932 Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2
O365933 Maternal care for other known or suspected poor fetal growth, third trimester, fetus 3
O365934 Maternal care for other known or suspected poor fetal growth, third trimester, fetus 4
O365935 Maternal care for other known or suspected poor fetal growth, third trimester, fetus 5
O365939 Maternal care for other known or suspected poor fetal growth, third trimester, other fetus
O368120 Decreased fetal movements, second trimester, not applicable or unspecified
O368121 Decreased fetal movements, second trimester, fetus 1
O368122 Decreased fetal movements, second trimester, fetus 2
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
O368130 Decreased fetal movements, third trimester, not applicable or unspecified
O368131 Decreased fetal movements, third trimester, fetus 1
O368132 Decreased fetal movements, third trimester, fetus 2
O368133 Decreased fetal movements, third trimester, fetus 3
O368134 Decreased fetal movements, third trimester, fetus 4
O368135 Decreased fetal movements, third trimester, fetus 5
O368139 Decreased fetal movements, third trimester, other fetus
O368330 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O368331 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O368332 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O368333 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O368334 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O368335 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O368339 Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O401XX0 Polyhydramnios, first trimester, not applicable or unspecified

O401XX1 Polyhydramnios, first trimester, fetus 1
O401XX2 Polyhydramnios, first trimester, fetus 2
O401XX3 Polyhydramnios, first trimester, fetus 3
O401XX4 Polyhydramnios, first trimester, fetus 4
O401XX5 Polyhydramnios, first trimester, fetus 5
O401XX9 Polyhydramnios, first trimester, other fetus
O402XX0 Polyhydramnios, second trimester, not applicable or unspecified
O402XX1 Polyhydramnios, second trimester, fetus 1
O402XX2 Polyhydramnios, second trimester, fetus 2
O402XX3 Polyhydramnios, second trimester, fetus 3
O402XX4 Polyhydramnios, second trimester, fetus 4
O402XX5 Polyhydramnios, second trimester, fetus 5
O402XX9 Polyhydramnios, second trimester, other fetus
O403XX0 Polyhydramnios, third trimester, not applicable or unspecified
O403XX1 Polyhydramnios, third trimester, fetus 1
O403XX2 Polyhydramnios, third trimester, fetus 2
O403XX3 Polyhydramnios, third trimester, fetus 3
O403XX4 Polyhydramnios, third trimester, fetus 4
O403XX5 Polyhydramnios, third trimester, fetus 5
O403XX9 Polyhydramnios, third trimester, other fetus
O4101X0 Oligohydramnios, first trimester, not applicable or unspecified
O4101X1 Oligohydramnios, first trimester, fetus 1
O4101X2 Oligohydramnios, first trimester, fetus 2
O4101X3 Oligohydramnios, first trimester, fetus 3
O4101X4 Oligohydramnios, first trimester, fetus 4
O4101X5 Oligohydramnios, first trimester, fetus 5
O4101X9 Oligohydramnios, first trimester, other fetus
O4102X0 Oligohydramnios, second trimester, not applicable or unspecified
O4102X1 Oligohydramnios, second trimester, fetus 1
O4102X2 Oligohydramnios, second trimester, fetus 2
O4102X3 Oligohydramnios, second trimester, fetus 3
O4102X4 Oligohydramnios, second trimester, fetus 4
O4102X5 Oligohydramnios, second trimester, fetus 5
O4102X9 Oligohydramnios, second trimester, other fetus
O4103X0 Oligohydramnios, third trimester, not applicable or unspecified
O4103X1 Oligohydramnios, third trimester, fetus 1
O4103X2 Oligohydramnios, third trimester, fetus 2
O4103X3 Oligohydramnios, third trimester, fetus 3
O4103X4 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
O43012 Fetomaternal placental transfusion syndrome, second trimester
O43013 Fetomaternal placental transfusion syndrome, third trimester
O43212 Placenta accreta, second trimester
O43213 Placenta accreta, third trimester
O43222 Placenta increta, second trimester
O43223 Placenta increta, third trimester
O43232 Placenta percreta, second trimester
O43233 Placenta percreta, third trimester
O4401 Complete placenta previa NOS or without hemorrhage, first trimester
O4402 Complete placenta previa NOS or without hemorrhage, second trimester
O4403 Complete placenta previa NOS or without hemorrhage, third trimester
O4411 Complete placenta previa with hemorrhage, first trimester
O4412 Complete placenta previa with hemorrhage, second trimester
O4413 Complete placenta previa with hemorrhage, third trimester
O4423 Partial placenta previa NOS or without hemorrhage, third trimester
O4433 Partial placenta previa with hemorrhage, third trimester
O4443 Low lying placenta NOS or without hemorrhage, third trimester
O4453 Low lying placenta with hemorrhage, third trimester
O45001 Premature separation of placenta with coagulation defect, unspecified, first trimester
O45002 Premature separation of placenta with coagulation defect, unspecified, second trimester
O45003 Premature separation of placenta with coagulation defect, unspecified, third trimester
O45011 Premature separation of placenta with afibrinogenemia, first trimester
O45012 Premature separation of placenta with afibrinogenemia, second trimester
O45013 Premature separation of placenta with afibrinogenemia, third trimester
O45021 Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45022 Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45023 Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45091 Premature separation of placenta with other coagulation defect, first trimester
O45092 Premature separation of placenta with other coagulation defect, second trimester
O45093 Premature separation of placenta with other coagulation defect, 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
O4591 Premature separation of placenta, unspecified, first trimester
O4592 Premature separation of placenta, unspecified, second trimester
O4593 Premature separation of placenta, unspecified, third trimester

O46001 Antepartum hemorrhage with coagulation defect, unspecified, first trimester
O46002 Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46003 Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46011 Antepartum hemorrhage with afibrinogenemia, first trimester
O46012 Antepartum hemorrhage with afibrinogenemia, second trimester
O46013 Antepartum hemorrhage with afibrinogenemia, third trimester
O46021 Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
O46022 Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46023 Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46091 Antepartum hemorrhage with other coagulation defect, first trimester
O46092 Antepartum hemorrhage with other coagulation defect, second trimester
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
O690XX0 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
O9872 Human immunodeficiency virus [HIV] disease complicating childbirth
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
O99412 Diseases of the circulatory system complicating pregnancy, second trimester
O99413 Diseases of the circulatory system complicating pregnancy, third trimester

O9942 Diseases of the circulatory system complicating childbirth
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
R0603 Acute Respiratory Distress Syndrome
R092 Respiratory arrest
Z21 Asymptomatic human immunodeficiency virus [HIV] infection status
Z371 Single stillbirth
Z7901 Long term (current) use of anticoagulants

Table Number 11.08: Outcome of Delivery
Z370 Single live birth

Table Number 11.09: Multiple Gestations, Abnormal Presentations, and Conditions Justifying Cesarean Delivery
A6000 Herpesviral infection of urogenital system, unspecified
A6003 Herpesviral cervicitis
A6004 Herpesviral vulvovaginitis
A6009 Herpesviral infection of other urogenital tract
A601 Herpesviral infection of perianal skin and rectum
A609 Anogenital herpesviral infection, unspecified
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

O30131Triplet pregnancy, trichorionic/triamniotic, first trimester
O30132Triplet pregnancy, trichorionic/triamniotic, second trimester
O30133Triplet pregnancy, trichorionic/triamniotic, third trimester
O30191Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30192Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30193Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30201Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30202Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30203Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30211Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30212Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30213Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30221Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30222Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30223Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30231Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30232Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30233Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30291Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30292Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30293Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30801Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30802Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30803Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30811Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O30812Other specified multiple gestation with two or more monochorionic fetuses, second trimester
O30813Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30821Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30822Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30823Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30831Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30832Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30833Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30891Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30892Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30893Other 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
O3122X3 Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
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
O318X30 Other complications specific to multiple gestation, third trimester, not applicable or unspecified
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
O34211 Maternal care for low transverse scar from previous cesarean delivery
O34212 Maternal care for vertical scar from previous cesarean delivery
O34218 Maternal care for other type scar from previous cesarean delivery
O34219 Maternal care for unspecified type scar from previous cesarean delivery
O3422 Maternal care for cesarean scar defect (isthmocele)
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
O43213 Placenta accreta, third trimester
O43219 Placenta accreta, unspecified trimester
O43223 Placenta increta, third trimester
O43229 Placenta increta, unspecified trimester
O43233 Placenta percreta, third trimester
O43239 Placenta percreta, unspecified trimester
O4403 Complete placenta previa NOS or without hemorrhage, third trimester
O4413 Complete placenta previa with hemorrhage, third trimester
O4423 Partial placenta previa NOS or without hemorrhage, third trimester
O4433 Partial placenta previa with hemorrhage, third trimester
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
O632 Delayed delivery of second twin, triplet, etc.
O641XX0 Obstructed labor due to breech presentation, not applicable or unspecified
O641XX1 Obstructed labor due to breech presentation, fetus 1
O641XX2 Obstructed labor due to breech presentation, fetus 2
O641XX3 Obstructed labor due to breech presentation, fetus 3
O641XX4 Obstructed labor due to breech presentation, fetus 4
O641XX5 Obstructed labor due to breech presentation, fetus 5
O641XX9 Obstructed labor due to breech presentation, other fetus
O642XX0 Obstructed labor due to face presentation, not applicable or unspecified
O642XX1 Obstructed labor due to face presentation, fetus 1
O642XX2 Obstructed labor due to face presentation, fetus 2
O642XX3 Obstructed labor due to face presentation, fetus 3
O642XX4 Obstructed labor due to face presentation, fetus 4
O642XX5 Obstructed labor due to face presentation, fetus 5
O642XX9 Obstructed labor due to face presentation, other fetus
O643XX0 Obstructed labor due to brow presentation, not applicable or unspecified
O643XX1 Obstructed labor due to brow presentation, fetus 1
O643XX2 Obstructed labor due to brow presentation, fetus 2
O643XX3 Obstructed labor due to brow presentation, fetus 3
O643XX4 Obstructed labor due to brow presentation, fetus 4
O643XX5 Obstructed labor due to brow presentation, fetus 5
O643XX9 Obstructed labor due to brow presentation, other fetus
O644XX0 Obstructed labor due to shoulder presentation, not applicable or unspecified
O644XX1 Obstructed labor due to shoulder presentation, fetus 1
O644XX2 Obstructed labor due to shoulder presentation, fetus 2
O644XX3 Obstructed labor due to shoulder presentation, fetus 3
O644XX4 Obstructed labor due to shoulder presentation, fetus 4
O644XX5 Obstructed labor due to shoulder presentation, fetus 5
O644XX9 Obstructed labor due to shoulder presentation, other fetus
O648XX0 Obstructed labor due to other malposition and malpresentation, not applicable or unspecified
O648XX1 Obstructed labor due to other malposition and malpresentation, fetus 1
O648XX2 Obstructed labor due to other malposition and malpresentation, fetus 2
O648XX3 Obstructed labor due to other malposition and malpresentation, fetus 3
O648XX4 Obstructed labor due to other malposition and malpresentation, fetus 4
O648XX5 Obstructed labor due to other malposition and malpresentation, fetus 5
O648XX9 Obstructed labor due to other malposition and malpresentation, 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
O661	Obstructed labor due to locked twins
O666	Obstructed labor due to other multiple fetuses
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 Number 11.20.1: Single Liveborn Newborn

Z3800	Single liveborn infant, delivered vaginally
Z3801	Single liveborn infant, delivered by cesarean

Table Number 11.21: Galactosemia

E7420	Disorders of galactose metabolism, unspecified
E7421	Galactosemia
E7429	Other disorders of galactose metabolism

Table Number 11.22: Parenteral Nutrition

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

Appendix B–Hospitals with Acceptable NICU Classification

• Arkansas Children's Hospital	Little Rock	Level III C
• Baptist Health Medical Center	Little Rock	Level III B
• UAMS Medical Center	Little Rock	Level III B
• St. Bernards Medical Center	Jonesboro	Level III A
• Mercy Hospital Fort Smith	Fort Smith	Level III B
• Mercy Hospital Northwest AR	Rogers	Level III A
• Washington Regional Med Ctr	Fayetteville	Level III A
• NW Health Sys Willow Creek	Johnson	Level III A
• Regional One	Memphis	Level III

Appendix C

Table 9.1: FDA-Approved Tobacco Cessation Medications

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

Table 9.2: FDA Approved Medications for Alcohol and Drug Dependence

- Acamprosate
- Antabuse
- Buprenorphine
- Buprenorphine-Naloxone
- Butrans
- Belbuca
- Brixadi
- Campral
- Disulfiram
- Methadone
- Methadose
- Naltrexone
- Revia oral
- Sublocade
- Suboxone
- Vivitrol injection

Zubsolv

Table 9.3: Schedule II & III Opioid Medications

Code	Description	Code System	Code System Version
1014599	acetaminophen 300 MG / oxycodone hydrochloride 10 MG Oral Tablet	RXNORM	2022-05
1014615	acetaminophen 300 MG / oxycodone hydrochloride 5 MG Oral Tablet	RXNORM	2022-05
1014632	acetaminophen 300 MG / oxycodone hydrochloride 7.5 MG Oral Tablet	RXNORM	2022-05
1037259	acetaminophen 300 MG / oxycodone hydrochloride 2.5 MG Oral Tablet	RXNORM	2022-05
1044427	acetaminophen 20 MG/ML / hydrocodone bitartrate 0.667 MG/ML Oral Solution	RXNORM	2022-05
1049214	acetaminophen 325 MG / oxycodone hydrochloride 10 MG Oral Tablet	RXNORM	2022-05
1049221	acetaminophen 325 MG / oxycodone hydrochloride 5 MG Oral Tablet	RXNORM	2022-05
1049225	acetaminophen 325 MG / oxycodone hydrochloride 7.5 MG Oral Tablet	RXNORM	2022-05
1049251	acetaminophen 400 MG / oxycodone hydrochloride 10 MG Oral Tablet	RXNORM	2022-05
1049260	acetaminophen 400 MG / oxycodone hydrochloride 5 MG Oral Tablet	RXNORM	2022-05
1049502	12 HR oxycodone hydrochloride 10 MG Extended Release Oral Tablet	RXNORM	2022-05
1049543	12 HR oxycodone hydrochloride 15 MG Extended Release Oral Tablet	RXNORM	2022-05
1049574	12 HR oxycodone hydrochloride 30 MG Extended Release Oral Tablet	RXNORM	2022-05
1049580	acetaminophen 65 MG/ML / oxycodone hydrochloride 1 MG/ML Oral Solution	RXNORM	2022-05
1049589	ibuprofen 400 MG / oxycodone hydrochloride 5 MG Oral Tablet	RXNORM	2022-05
1049593	12 HR oxycodone hydrochloride 60 MG Extended Release Oral Tablet	RXNORM	2022-05
1049604	oxycodone hydrochloride 1 MG/ML Oral Solution	RXNORM	2022-05
1049611	oxycodone hydrochloride 15 MG Oral Tablet	RXNORM	2022-05
1049615	oxycodone hydrochloride 20 MG/ML Oral Solution	RXNORM	2022-05
1049618	oxycodone hydrochloride 30 MG Oral Tablet	RXNORM	2022-05
1049621	oxycodone hydrochloride 5 MG Oral Tablet	RXNORM	2022-05
1049635	acetaminophen 325 MG / oxycodone hydrochloride 2.5 MG Oral Tablet	RXNORM	2022-05
1049683	oxycodone hydrochloride 10 MG Oral Tablet	RXNORM	2022-05
1049686	oxycodone hydrochloride 20 MG Oral Tablet	RXNORM	2022-05
1049696	oxycodone hydrochloride 5 MG Oral Capsule	RXNORM	2022-05
1053647	fentanyl 0.1 MG Sublingual Tablet	RXNORM	2022-05
1053652	fentanyl 0.2 MG Sublingual Tablet	RXNORM	2022-05
1053655	fentanyl 0.3 MG Sublingual Tablet	RXNORM	2022-05
1053658	fentanyl 0.4 MG Sublingual Tablet	RXNORM	2022-05
1053661	fentanyl 0.6 MG Sublingual Tablet	RXNORM	2022-05
1053664	fentanyl 0.8 MG Sublingual Tablet	RXNORM	2022-05
1087459	12 HR chlorpheniramine polistirex 1.6 MG/ML / hydrocodone polistirex 2 MG/ML Extended Release Suspension	RXNORM	2022-05
1089055	codeine phosphate 10 MG / guaifenesin 400 MG / pseudoephedrine hydrochloride 20 MG Oral Tablet	RXNORM	2022-05
1089058	codeine phosphate 10 MG / guaifenesin 400 MG / pseudoephedrine hydrochloride 30 MG Oral Tablet	RXNORM	2022-05

1112220 chlorpheniramine maleate 0.8 MG/ML / hydrocodone bitartrate 1 MG/ML / pseudoephedrine hydrochloride 12 MG/ML Oral Solution RXNORM 2022-05
1113314 oxycodone hydrochloride 7.5 MG Oral Tablet RXNORM 2022-05
1115573 fentanyl 0.1 MG/ACTUAT Metered Dose Nasal Spray RXNORM 2022-05
1115577 fentanyl 0.4 MG/ACTUAT Metered Dose Nasal Spray RXNORM 2022-05
1148797 12 HR tapentadol 100 MG Extended Release Oral Tablet RXNORM 2022-05
1148800 12 HR tapentadol 150 MG Extended Release Oral Tablet RXNORM 2022-05
1148803 12 HR tapentadol 200 MG Extended Release Oral Tablet RXNORM 2022-05
1148807 12 HR tapentadol 250 MG Extended Release Oral Tablet RXNORM 2022-05
1148809 12 HR tapentadol 50 MG Extended Release Oral Tablet RXNORM 2022-05
1232113 1 ML morphine sulfate 15 MG/ML Prefilled Syringe RXNORM 2022-05
1234941 chlorpheniramine maleate 0.4 MG/ML / dihydrocodeine bitartrate 0.6 MG/ML / phenylephrine hydrochloride 1.5 MG/ML Oral Solution RXNORM 2022-05
1237050 fentanyl 0.1 MG/ACTUAT Mucosal Spray RXNORM 2022-05
1237057 fentanyl 0.2 MG/ACTUAT Mucosal Spray RXNORM 2022-05
1237060 fentanyl 0.4 MG/ACTUAT Mucosal Spray RXNORM 2022-05
1237064 fentanyl 0.6 MG/ACTUAT Mucosal Spray RXNORM 2022-05
1237068 fentanyl 0.8 MG/ACTUAT Mucosal Spray RXNORM 2022-05
1303736 morphine sulfate 40 MG Extended Release Oral Capsule RXNORM 2022-05
1306898 24 HR hydromorphone hydrochloride 32 MG Extended Release Oral Tablet RXNORM 2022-05
1356797 brompheniramine maleate 4 MG / codeine phosphate 10 MG / phenylephrine hydrochloride 10 MG Oral Tablet RXNORM 2022-05
1356800 brompheniramine maleate 4 MG / codeine phosphate 10 MG Oral Tablet RXNORM 2022-05
1356804 brompheniramine maleate 4 MG / codeine phosphate 20 MG / phenylephrine hydrochloride 10 MG Oral Tablet RXNORM 2022-05
1356807 brompheniramine maleate 4 MG / codeine phosphate 20 MG Oral Tablet RXNORM 2022-05
1366873 hydrocodone bitartrate 5 MG / pseudoephedrine hydrochloride 60 MG Oral Tablet RXNORM 2022-05
1372265 chlorpheniramine maleate 0.8 MG/ML / hydrocodone bitartrate 1 MG/ML Oral Solution RXNORM 2022-05
1431286 acetaminophen 300 MG / butalbital 50 MG / caffeine 40 MG / codeine phosphate 30 MG Oral Capsule RXNORM 2022-05
1432969 168 HR buprenorphine 0.015 MG/HR Transdermal System RXNORM 2022-05
1433251 0.5 ML hydromorphone hydrochloride 1 MG/ML Prefilled Syringe RXNORM 2022-05
1442790 1 ML morphine sulfate 5 MG/ML Prefilled Syringe RXNORM 2022-05
1542997 168 HR buprenorphine 0.0075 MG/HR Transdermal System RXNORM 2022-05
1595730 Abuse-Deterrent 24 HR hydrocodone bitartrate 20 MG Extended Release Oral Tablet RXNORM 2022-05
1595740 Abuse-Deterrent 24 HR hydrocodone bitartrate 30 MG Extended Release Oral Tablet RXNORM 2022-05
1595746 Abuse-Deterrent 24 HR hydrocodone bitartrate 40 MG Extended Release Oral Tablet RXNORM 2022-05
1595752 Abuse-Deterrent 24 HR hydrocodone bitartrate 60 MG Extended Release Oral Tablet RXNORM 2022-05

1595758 Abuse-Deterrent 24 HR hydrocodone bitartrate 80 MG Extended Release Oral Tablet RXNORM 2022-05
1595764 Abuse-Deterrent 24 HR hydrocodone bitartrate 100 MG Extended Release Oral Tablet RXNORM 2022-05
1595770 Abuse-Deterrent 24 HR hydrocodone bitartrate 120 MG Extended Release Oral Tablet RXNORM 2022-05
1596108 acetaminophen 320.5 MG / caffeine 30 MG / dihydrocodeine bitartrate 16 MG Oral Capsule RXNORM 2022-05
1603495 72 HR fentanyl 0.0375 MG/HR Transdermal System RXNORM 2022-05
1603498 72 HR fentanyl 0.0625 MG/HR Transdermal System RXNORM 2022-05
1603501 72 HR fentanyl 0.0875 MG/HR Transdermal System RXNORM 2022-05
1651558 guaifenesin 40 MG/ML / hydrocodone bitartrate 0.5 MG/ML / pseudoephedrine hydrochloride 6 MG/ML Oral Solution RXNORM 2022-05
1652087 12 HR chlorpheniramine polistirex 0.8 MG/ML / codeine polistirex 4 MG/ML Extended Release Suspension RXNORM 2022-05
1655032 1 ML buprenorphine 0.3 MG/ML Cartridge RXNORM 2022-05
1665685 1 ML meperidine hydrochloride 100 MG/ML Injection RXNORM 2022-05
1665690 1.5 ML meperidine hydrochloride 50 MG/ML Injection RXNORM 2022-05
1665697 1 ML meperidine hydrochloride 50 MG/ML Injection RXNORM 2022-05
1665699 0.5 ML meperidine hydrochloride 50 MG/ML Injection RXNORM 2022-05
1665701 2 ML meperidine hydrochloride 50 MG/ML Injection RXNORM 2022-05
1666831 80 ACTUAT fentanyl 0.04 MG/ACTUAT Transdermal System RXNORM 2022-05
1716057 buprenorphine 0.15 MG Buccal Film RXNORM 2022-05
1716065 buprenorphine 0.3 MG Buccal Film RXNORM 2022-05
1716069 buprenorphine 0.45 MG Buccal Film RXNORM 2022-05
1716073 buprenorphine 0.6 MG Buccal Film RXNORM 2022-05
1716077 buprenorphine 0.075 MG Buccal Film RXNORM 2022-05
1716081 buprenorphine 0.75 MG Buccal Film RXNORM 2022-05
1716086 buprenorphine 0.9 MG Buccal Film RXNORM 2022-05
1723206 2 ML alfentanil 0.5 MG/ML Injection RXNORM 2022-05
1723208 10 ML alfentanil 0.5 MG/ML Injection RXNORM 2022-05
1723209 20 ML alfentanil 0.5 MG/ML Injection RXNORM 2022-05
1723210 5 ML alfentanil 0.5 MG/ML Injection RXNORM 2022-05
1724276 1 ML hydromorphone hydrochloride 2 MG/ML Injection RXNORM 2022-05
1724338 1 ML hydromorphone hydrochloride 10 MG/ML Injection RXNORM 2022-05
1724340 5 ML hydromorphone hydrochloride 10 MG/ML Injection RXNORM 2022-05
1724341 50 ML hydromorphone hydrochloride 10 MG/ML Injection RXNORM 2022-05
1724383 1 ML hydromorphone hydrochloride 1 MG/ML Cartridge RXNORM 2022-05
1724644 1 ML hydromorphone hydrochloride 2 MG/ML Cartridge RXNORM 2022-05
1728783 10 ML morphine sulfate 0.5 MG/ML Injection RXNORM 2022-05
1728791 2 ML morphine sulfate 0.5 MG/ML Injection RXNORM 2022-05
1728800 10 ML morphine sulfate 1 MG/ML Injection RXNORM 2022-05
1728805 2 ML morphine sulfate 1 MG/ML Injection RXNORM 2022-05
1728999 30 ML morphine sulfate 1 MG/ML Injection RXNORM 2022-05
1729197 1 ML morphine sulfate 2 MG/ML Cartridge RXNORM 2022-05
1729320 fentanyl 0.3 MG/ACTUAT Metered Dose Nasal Spray RXNORM 2022-05
1729578 remifentanil 1 MG Injection RXNORM 2022-05
1729584 remifentanil 2 MG Injection RXNORM 2022-05
1729710 remifentanil 5 MG Injection RXNORM 2022-05
1731517 10 ML morphine sulfate 25 MG/ML Injection RXNORM 2022-05
1731520 4 ML morphine sulfate 25 MG/ML Injection RXNORM 2022-05
1731522 20 ML morphine sulfate 25 MG/ML Injection RXNORM 2022-05
1731537 20 ML morphine sulfate 50 MG/ML Injection RXNORM 2022-05

1731545 50 ML morphine sulfate 50 MG/ML Injection RXNORM 2022-05
1731990 1.5 ML morphine sulfate liposomal 10 MG/ML Injection RXNORM 2022-05
1731993 1 ML morphine sulfate 10 MG/ML Injection RXNORM 2022-05
1731995 1 ML morphine sulfate 10 MG/ML Cartridge RXNORM 2022-05
1731998 20 ML morphine sulfate 10 MG/ML Injection RXNORM 2022-05
1732003 1 ML morphine sulfate 8 MG/ML Cartridge RXNORM 2022-05
1732006 1 ML morphine sulfate 4 MG/ML Injection RXNORM 2022-05
1732011 1 ML morphine sulfate 8 MG/ML Injection RXNORM 2022-05
1732014 1 ML morphine sulfate 4 MG/ML Cartridge RXNORM 2022-05
1732136 1 ML morphine sulfate 5 MG/ML Injection RXNORM 2022-05
1732138 30 ML morphine sulfate 5 MG/ML Injection RXNORM 2022-05
1733080 1 ML morphine sulfate 15 MG/ML Cartridge RXNORM 2022-05
1735003 2 ML fentanyl 0.05 MG/ML Injection RXNORM 2022-05
1735006 10 ML fentanyl 0.05 MG/ML Injection RXNORM 2022-05
1735007 5 ML fentanyl 0.05 MG/ML Injection RXNORM 2022-05
1735008 20 ML fentanyl 0.05 MG/ML Injection RXNORM 2022-05
1735013 50 ML fentanyl 0.05 MG/ML Injection RXNORM 2022-05
1740007 {2 (fentanyl 0.6 MG/ACTUAT Mucosal Spray) } Pack RXNORM 2022-05
1740009 {2 (fentanyl 0.8 MG/ACTUAT Mucosal Spray) } Pack RXNORM 2022-05
1790527 Abuse-Deterrent 12 HR oxycodone 9 MG Extended Release Oral Capsule RXNORM 2022-05
1791558 Abuse-Deterrent 12 HR oxycodone 13.5 MG Extended Release Oral Capsule RXNORM 2022-05
1791567 Abuse-Deterrent 12 HR oxycodone 18 MG Extended Release Oral Capsule RXNORM 2022-05
1791574 Abuse-Deterrent 12 HR oxycodone 27 MG Extended Release Oral Capsule RXNORM 2022-05
1791580 Abuse-Deterrent 12 HR oxycodone 36 MG Extended Release Oral Capsule RXNORM 2022-05
1797650 buprenorphine 74.2 MG Drug Implant RXNORM 2022-05
1809097 1 ML sufentanil 0.05 MG/ML Injection RXNORM 2022-05
1809102 2 ML sufentanil 0.05 MG/ML Injection RXNORM 2022-05
1809104 5 ML sufentanil 0.05 MG/ML Injection RXNORM 2022-05
1812164 acetaminophen 325 MG / caffeine 30 MG / dihydrocodeine bitartrate 16 MG Oral Tablet RXNORM 2022-05
1860127 Abuse-Deterrent 12 HR oxycodone hydrochloride 60 MG Extended Release Oral Tablet RXNORM 2022-05
1860129 Abuse-Deterrent 12 HR oxycodone hydrochloride 20 MG Extended Release Oral Tablet RXNORM 2022-05
1860137 Abuse-Deterrent 12 HR oxycodone hydrochloride 40 MG Extended Release Oral Tablet RXNORM 2022-05
1860148 Abuse-Deterrent 12 HR oxycodone hydrochloride 80 MG Extended Release Oral Tablet RXNORM 2022-05
1860151 Abuse-Deterrent 12 HR oxycodone hydrochloride 30 MG Extended Release Oral Tablet RXNORM 2022-05
1860154 Abuse-Deterrent 12 HR oxycodone hydrochloride 15 MG Extended Release Oral Tablet RXNORM 2022-05
1860157 Abuse-Deterrent 12 HR oxycodone hydrochloride 10 MG Extended Release Oral Tablet RXNORM 2022-05
1860491 12 HR hydrocodone bitartrate 10 MG Extended Release Oral Capsule RXNORM 2022-05
1860493 12 HR hydrocodone bitartrate 15 MG Extended Release Oral Capsule RXNORM 2022-05
1860495 12 HR hydrocodone bitartrate 20 MG Extended Release Oral Capsule RXNORM 2022-05

1860497 12 HR hydrocodone bitartrate 30 MG Extended Release Oral Capsule RXNORM 2022-05
1860499 12 HR hydrocodone bitartrate 40 MG Extended Release Oral Capsule RXNORM 2022-05
1860501 12 HR hydrocodone bitartrate 50 MG Extended Release Oral Capsule RXNORM 2022-05
1871434 Abuse-Deterrent 12 HR morphine sulfate 15 MG Extended Release Oral Tablet RXNORM 2022-05
1871441 Abuse-Deterrent 12 HR morphine sulfate 30 MG Extended Release Oral Tablet RXNORM 2022-05
1871444 Abuse-Deterrent 12 HR morphine sulfate 60 MG Extended Release Oral Tablet RXNORM 2022-05
1872234 Abuse-Deterrent 12 HR morphine sulfate 100 MG Extended Release Oral Tablet RXNORM 2022-05
1872271 1 ML hydromorphone hydrochloride 4 MG/ML Prefilled Syringe RXNORM 2022-05
1944529 Abuse-Deterrent oxycodone hydrochloride 15 MG Oral Tablet RXNORM 2022-05
1944538 Abuse-Deterrent oxycodone hydrochloride 30 MG Oral Tablet RXNORM 2022-05
197696 72 HR fentanyl 0.075 MG/HR Transdermal System RXNORM 2022-05
197873 levorphanol tartrate 2 MG Oral Tablet RXNORM 2022-05
1996184 0.5 ML buprenorphine 200 MG/ML Prefilled Syringe RXNORM 2022-05
1996192 1.5 ML buprenorphine 200 MG/ML Prefilled Syringe RXNORM 2022-05
200240 paregoric 0.4 MG/ML Oral Solution RXNORM 2022-05
2003714 1 ML morphine sulfate 2 MG/ML Injection RXNORM 2022-05
2058845 levorphanol tartrate 3 MG Oral Tablet RXNORM 2022-05
2103192 sufentanil 0.03 MG Sublingual Tablet RXNORM 2022-05
2105822 acetaminophen 60 MG/ML / oxycodone hydrochloride 2 MG/ML Oral Solution RXNORM 2022-05
2168270 1 ML fentanyl 0.05 MG/ML Injection RXNORM 2022-05
2277368 1 ML hydromorphone hydrochloride 0.2 MG/ML Prefilled Syringe RXNORM 2022-05
238129 1 ML buprenorphine 0.3 MG/ML Injection RXNORM 2022-05
245134 72 HR fentanyl 0.025 MG/HR Transdermal System RXNORM 2022-05
245135 72 HR fentanyl 0.05 MG/HR Transdermal System RXNORM 2022-05
245136 72 HR fentanyl 0.1 MG/HR Transdermal System RXNORM 2022-05
2539186 1 ML meperidine hydrochloride 50 MG/ML Prefilled Syringe RXNORM 2022-05
2539191 1 ML meperidine hydrochloride 25 MG/ML Prefilled Syringe RXNORM 2022-05
310293 fentanyl 1.2 MG Oral Lozenge RXNORM 2022-05
310294 fentanyl 1.6 MG Oral Lozenge RXNORM 2022-05
310295 fentanyl 0.2 MG Oral Lozenge RXNORM 2022-05
310297 fentanyl 0.4 MG Oral Lozenge RXNORM 2022-05
312104 belladonna alkaloids 16.2 MG / opium 30 MG Rectal Suppository RXNORM 2022-05
312107 belladonna alkaloids 16.2 MG / opium 60 MG Rectal Suppository RXNORM 2022-05
313992 fentanyl 0.6 MG Oral Lozenge RXNORM 2022-05
313993 fentanyl 0.8 MG Oral Lozenge RXNORM 2022-05
351264 buprenorphine 2 MG Sublingual Tablet RXNORM 2022-05
351265 buprenorphine 8 MG Sublingual Tablet RXNORM 2022-05
577057 72 HR fentanyl 0.012 MG/HR Transdermal System RXNORM 2022-05

637540 aspirin 325 MG / oxycodone hydrochloride 4.5 MG / oxycodone terephthalate 0.38 MG Oral Tablet RXNORM 2022-05
668363 fentanyl 0.1 MG Buccal Tablet RXNORM 2022-05
668364 fentanyl 0.2 MG Buccal Tablet RXNORM 2022-05
668365 fentanyl 0.4 MG Buccal Tablet RXNORM 2022-05
668366 fentanyl 0.6 MG Buccal Tablet RXNORM 2022-05
668367 fentanyl 0.8 MG Buccal Tablet RXNORM 2022-05
727759 2 ML fentanyl 0.05 MG/ML Cartridge RXNORM 2022-05
825409 tapentadol 100 MG Oral Tablet RXNORM 2022-05
825411 tapentadol 50 MG Oral Tablet RXNORM 2022-05
825413 tapentadol 75 MG Oral Tablet RXNORM 2022-05
830196 opium tincture 100 MG/ML Oral Solution RXNORM 2022-05
848768 aspirin 325 MG / oxycodone hydrochloride 4.84 MG Oral Tablet RXNORM 2022-05
856940 acetaminophen 21.7 MG/ML / hydrocodone bitartrate 0.5 MG/ML Oral Solution RXNORM 2022-05
856944 acetaminophen 21.7 MG/ML / hydrocodone bitartrate 0.67 MG/ML Oral Solution RXNORM 2022-05
856980 acetaminophen 300 MG / hydrocodone bitartrate 10 MG Oral Tablet RXNORM 2022-05
856987 acetaminophen 300 MG / hydrocodone bitartrate 5 MG Oral Tablet RXNORM 2022-05
856992 acetaminophen 300 MG / hydrocodone bitartrate 7.5 MG Oral Tablet RXNORM 2022-05
856999 acetaminophen 325 MG / hydrocodone bitartrate 10 MG Oral Tablet RXNORM 2022-05
857002 acetaminophen 325 MG / hydrocodone bitartrate 5 MG Oral Tablet RXNORM 2022-05
857005 acetaminophen 325 MG / hydrocodone bitartrate 7.5 MG Oral Tablet RXNORM 2022-05
857099 acetaminophen 33.3 MG/ML / hydrocodone bitartrate 0.5 MG/ML Oral Solution RXNORM 2022-05
857121 aspirin 500 MG / hydrocodone bitartrate 5 MG Oral Tablet RXNORM 2022-05
857131 acetaminophen 400 MG / hydrocodone bitartrate 5 MG Oral Tablet RXNORM 2022-05
857391 acetaminophen 325 MG / hydrocodone bitartrate 2.5 MG Oral Tablet RXNORM 2022-05
857510 12 HR chlorpheniramine polistirex 4 MG / hydrocodone polistirex 5 MG Extended Release Oral Capsule RXNORM 2022-05
857512 12 HR chlorpheniramine polistirex 8 MG / hydrocodone polistirex 10 MG Extended Release Oral Capsule RXNORM 2022-05
858770 hydrocodone bitartrate 2.5 MG / ibuprofen 200 MG Oral Tablet RXNORM 2022-05
858778 hydrocodone bitartrate 5 MG / ibuprofen 200 MG Oral Tablet RXNORM 2022-05
858798 hydrocodone bitartrate 7.5 MG / ibuprofen 200 MG Oral Tablet RXNORM 2022-05
859315 hydrocodone bitartrate 10 MG / ibuprofen 200 MG Oral Tablet RXNORM 2022-05
859383 guaifenesin 40 MG/ML / hydrocodone bitartrate 0.5 MG/ML Oral Solution RXNORM 2022-05
860151 hydrocodone bitartrate 1 MG/ML / phenylephrine hydrochloride 1 MG/ML / pyrilamine maleate 1 MG/ML Oral Solution RXNORM 2022-05
860792 1 ML meperidine hydrochloride 75 MG/ML Cartridge RXNORM 2022-05

861447 meperidine hydrochloride 10 MG/ML Injectable Solution RXNORM 2022-05
861455 meperidine hydrochloride 100 MG Oral Tablet RXNORM 2022-05
861459 meperidine hydrochloride 100 MG/ML Injectable Solution RXNORM 2022-05
861463 meperidine hydrochloride 50 MG/ML Injectable Solution RXNORM 2022-05
861467 meperidine hydrochloride 50 MG Oral Tablet RXNORM 2022-05
861473 1 ML meperidine hydrochloride 50 MG/ML Cartridge RXNORM 2022-05
861476 1 ML meperidine hydrochloride 25 MG/ML Injection RXNORM 2022-05
861479 meperidine hydrochloride 10 MG/ML Oral Solution RXNORM 2022-05
861493 1 ML meperidine hydrochloride 100 MG/ML Cartridge RXNORM 2022-05
861494 1 ML meperidine hydrochloride 25 MG/ML Cartridge RXNORM 2022-05
863845 Abuse-Deterrent morphine sulfate 100 MG / naltrexone hydrochloride 4 MG Extended Release Oral Capsule RXNORM 2022-05
863848 Abuse-Deterrent morphine sulfate 20 MG / naltrexone hydrochloride 0.8 MG Extended Release Oral Capsule RXNORM 2022-05
863850 Abuse-Deterrent morphine sulfate 30 MG / naltrexone hydrochloride 1.2 MG Extended Release Oral Capsule RXNORM 2022-05
863852 Abuse-Deterrent morphine sulfate 50 MG / naltrexone hydrochloride 2 MG Extended Release Oral Capsule RXNORM 2022-05
863854 Abuse-Deterrent morphine sulfate 60 MG / naltrexone hydrochloride 2.4 MG Extended Release Oral Capsule RXNORM 2022-05
863856 Abuse-Deterrent morphine sulfate 80 MG / naltrexone hydrochloride 3.2 MG Extended Release Oral Capsule RXNORM 2022-05
864706 methadone hydrochloride 10 MG Oral Tablet RXNORM 2022-05
864714 methadone hydrochloride 10 MG/ML Injectable Solution RXNORM 2022-05
864718 methadone hydrochloride 5 MG Oral Tablet RXNORM 2022-05
864761 methadone hydrochloride 1 MG/ML Oral Solution RXNORM 2022-05
864769 methadone hydrochloride 2 MG/ML Oral Solution RXNORM 2022-05
864978 methadone hydrochloride 40 MG Tablet for Oral Suspension RXNORM 2022-05
891874 morphine sulfate 100 MG Extended Release Oral Tablet RXNORM 2022-05
891881 morphine sulfate 15 MG Extended Release Oral Tablet RXNORM 2022-05
891888 morphine sulfate 30 MG Extended Release Oral Tablet RXNORM 2022-05
891893 morphine sulfate 60 MG Extended Release Oral Tablet RXNORM 2022-05
892297 24 HR morphine sulfate 120 MG Extended Release Oral Capsule RXNORM 2022-05
892342 24 HR morphine sulfate 30 MG Extended Release Oral Capsule RXNORM 2022-05
892345 morphine sulfate 30 MG Extended Release Oral Capsule RXNORM 2022-05
892349 24 HR morphine sulfate 60 MG Extended Release Oral Capsule RXNORM 2022-05
892352 morphine sulfate 60 MG Extended Release Oral Capsule RXNORM 2022-05
892355 24 HR morphine sulfate 90 MG Extended Release Oral Capsule RXNORM 2022-05
892494 morphine sulfate 10 MG Extended Release Oral Capsule RXNORM 2022-05
892516 morphine sulfate 10 MG Rectal Suppository RXNORM 2022-05
892554 morphine sulfate 100 MG Extended Release Oral Capsule RXNORM 2022-05
892582 morphine sulfate 15 MG Oral Tablet RXNORM 2022-05
892589 morphine sulfate 2 MG/ML Oral Solution RXNORM 2022-05
892596 morphine sulfate 20 MG Extended Release Oral Capsule RXNORM 2022-05
892603 morphine sulfate 20 MG Rectal Suppository RXNORM 2022-05

892625 morphine sulfate 20 MG/ML Oral Solution RXNORM 2022-05
892643 morphine sulfate 200 MG Extended Release Oral Capsule RXNORM 2022-05
892646 morphine sulfate 200 MG Extended Release Oral Tablet RXNORM 2022-05
892672 morphine sulfate 30 MG Oral Tablet RXNORM 2022-05
892678 morphine sulfate 30 MG Rectal Suppository RXNORM 2022-05
894780 morphine sulfate 4 MG/ML Oral Solution RXNORM 2022-05
894801 morphine sulfate 50 MG Extended Release Oral Capsule RXNORM 2022-05
894807 morphine sulfate 5 MG Rectal Suppository RXNORM 2022-05
894814 morphine sulfate 80 MG Extended Release Oral Capsule RXNORM 2022-05
894911 0.7 ML morphine sulfate 14.3 MG/ML Auto-Injector RXNORM 2022-05
894912 1 ML morphine sulfate 10 MG/ML Prefilled Syringe RXNORM 2022-05
894914 1 ML morphine sulfate 8 MG/ML Prefilled Syringe RXNORM 2022-05
894942 24 HR morphine sulfate 45 MG Extended Release Oral Capsule RXNORM 2022-05
894970 24 HR morphine sulfate 75 MG Extended Release Oral Capsule RXNORM 2022-05
897653 1 ML hydromorphone hydrochloride 1 MG/ML Injection RXNORM 2022-05
897657 hydromorphone hydrochloride 1 MG/ML Oral Solution RXNORM 2022-05
897696 hydromorphone hydrochloride 2 MG Oral Tablet RXNORM 2022-05
897702 hydromorphone hydrochloride 4 MG Oral Tablet RXNORM 2022-05
897710 hydromorphone hydrochloride 8 MG Oral Tablet RXNORM 2022-05
897745 hydromorphone hydrochloride 2 MG/ML Injectable Solution RXNORM 2022-05
897749 hydromorphone hydrochloride 3 MG Rectal Suppository RXNORM 2022-05
897753 1 ML hydromorphone hydrochloride 4 MG/ML Injection RXNORM 2022-05
897756 1 ML hydromorphone hydrochloride 1 MG/ML Prefilled Syringe RXNORM 2022-05
897757 1 ML hydromorphone hydrochloride 2 MG/ML Prefilled Syringe RXNORM 2022-05
897758 1 ML hydromorphone hydrochloride 4 MG/ML Cartridge RXNORM 2022-05
902729 24 HR hydromorphone hydrochloride 12 MG Extended Release Oral Tablet RXNORM 2022-05
902736 24 HR hydromorphone hydrochloride 16 MG Extended Release Oral Tablet RXNORM 2022-05
902741 24 HR hydromorphone hydrochloride 8 MG Extended Release Oral Tablet RXNORM 2022-05
904870 168 HR buprenorphine 0.01 MG/HR Transdermal System RXNORM 2022-05
904876 168 HR buprenorphine 0.02 MG/HR Transdermal System RXNORM 2022-05
904880 168 HR buprenorphine 0.005 MG/HR Transdermal System RXNORM 2022-05
977874 12 HR oxymorphone hydrochloride 10 MG Extended Release Oral Tablet RXNORM 2022-05
977894 12 HR oxymorphone hydrochloride 15 MG Extended Release Oral Tablet RXNORM 2022-05
977902 12 HR oxymorphone hydrochloride 20 MG Extended Release Oral Tablet RXNORM 2022-05
977909 12 HR oxymorphone hydrochloride 30 MG Extended Release Oral Tablet RXNORM 2022-05
977915 12 HR oxymorphone hydrochloride 40 MG Extended Release Oral Tablet RXNORM 2022-05

977923 12 HR oxymorphone hydrochloride 5 MG Extended Release Oral Tablet RXNORM 2022-05
977929 12 HR oxymorphone hydrochloride 7.5 MG Extended Release Oral Tablet RXNORM 2022-05
977939 oxymorphone hydrochloride 5 MG Oral Tablet RXNORM 2022-05
977942 oxymorphone hydrochloride 10 MG Oral Tablet RXNORM 2022-05
991147 methadone hydrochloride 10 MG/ML Oral Solution RXNORM 2022-05
992656 homatropine methylbromide 1.5 MG / hydrocodone bitartrate 5 MG Oral Tablet RXNORM 2022-05
992668 homatropine methylbromide 0.3 MG/ML / hydrocodone bitartrate 1 MG/ML Oral Solution RXNORM 2022-05
993755 acetaminophen 24 MG/ML / codeine phosphate 2.4 MG/ML Oral Solution RXNORM 2022-05
993770 acetaminophen 300 MG / codeine phosphate 15 MG Oral Tablet RXNORM 2022-05
993781 acetaminophen 300 MG / codeine phosphate 30 MG Oral Tablet RXNORM 2022-05
993890 acetaminophen 300 MG / codeine phosphate 60 MG Oral Tablet RXNORM 2022-05
993943 acetaminophen 325 MG / butalbital 50 MG / caffeine 40 MG / codeine phosphate 30 MG Oral Capsule RXNORM 2022-05
994226 aspirin 325 MG / carisoprodol 200 MG / codeine phosphate 16 MG Oral Tablet RXNORM 2022-05
994237 aspirin 325 MG / butalbital 50 MG / caffeine 40 MG / codeine phosphate 30 MG Oral Capsule RXNORM 2022-05
994289 brompheniramine maleate 0.27 MG/ML / codeine phosphate 1.27 MG/ML / pseudoephedrine hydrochloride 2 MG/ML Oral Solution RXNORM 2022-05
994402 brompheniramine maleate 0.4 MG/ML / codeine phosphate 1.5 MG/ML / pseudoephedrine hydrochloride 6 MG/ML Oral Solution RXNORM 2022-05
995450 codeine phosphate 10 MG / guaifenesin 300 MG Oral Tablet RXNORM 2022-05
996706 codeine phosphate 20 MG / guaifenesin 400 MG / phenylephrine hydrochloride 10 MG Oral Tablet RXNORM 2022-05
996710 codeine phosphate 20 MG / guaifenesin 400 MG / pseudoephedrine hydrochloride 20 MG Oral Tablet RXNORM 2022-05
996714 codeine phosphate 20 MG / guaifenesin 400 MG / pseudoephedrine hydrochloride 30 MG Oral Tablet RXNORM 2022-05
996725 codeine phosphate 20 MG / guaifenesin 400 MG Oral Tablet RXNORM 2022-05
996728 codeine phosphate 20 MG / pseudoephedrine hydrochloride 60 MG Oral Capsule RXNORM 2022-05
997170 codeine sulfate 15 MG Oral Tablet RXNORM 2022-05
997287 codeine sulfate 30 MG Oral Tablet RXNORM 2022-05
997296 codeine sulfate 60 MG Oral Tablet RXNORM 2022-05
998212 1 ML morphine sulfate 2 MG/ML Prefilled Syringe RXNORM 2022-05
998213 1 ML morphine sulfate 4 MG/ML Prefilled Syringe RXNORM 2022-05

Table 9.4: Schedule IV Benzodiazepines

Code Description Code System Code System Version
1298088 flurazepam hydrochloride 15 MG Oral Capsule RXNORM 2022-05
1298091 flurazepam hydrochloride 30 MG Oral Capsule RXNORM 2022-05
1366192 clobazam 2.5 MG/ML Oral Suspension RXNORM 2022-05
1551393 2 ML midazolam 5 MG/ML Prefilled Syringe RXNORM 2022-05
1551395 1 ML midazolam 5 MG/ML Prefilled Syringe RXNORM 2022-05
1665188 1 ML lorazepam 2 MG/ML Injection RXNORM 2022-05

1665326	1 ML lorazepam 4 MG/ML Injection	RXNORM	2022-05
1666777	2 ML midazolam 1 MG/ML Cartridge	RXNORM	2022-05
1666798	2 ML midazolam 1 MG/ML Injection	RXNORM	2022-05
1666800	5 ML midazolam 1 MG/ML Injection	RXNORM	2022-05
1666814	1 ML midazolam 5 MG/ML Injection	RXNORM	2022-05
1666821	1 ML midazolam 5 MG/ML Cartridge	RXNORM	2022-05
1666823	2 ML midazolam 5 MG/ML Injection	RXNORM	2022-05
1807452	2 ML diazepam 5 MG/ML Auto-Injector	RXNORM	2022-05
1807459	2 ML diazepam 5 MG/ML Cartridge	RXNORM	2022-05
197321	alprazolam 1 MG Oral Tablet	RXNORM	2022-05
197322	alprazolam 2 MG Oral Tablet	RXNORM	2022-05
197464	clorazepate dipotassium 15 MG Oral Tablet	RXNORM	2022-05
197465	clorazepate dipotassium 3.75 MG Oral Tablet	RXNORM	2022-05
197466	clorazepate dipotassium 7.5 MG Oral Tablet	RXNORM	2022-05
197527	clonazepam 0.5 MG Oral Tablet	RXNORM	2022-05
197528	clonazepam 1 MG Oral Tablet	RXNORM	2022-05
197529	clonazepam 2 MG Oral Tablet	RXNORM	2022-05
197589	diazepam 10 MG Oral Tablet	RXNORM	2022-05
197590	diazepam 2 MG Oral Tablet	RXNORM	2022-05
197591	diazepam 5 MG Oral Tablet	RXNORM	2022-05
197653	estazolam 1 MG Oral Tablet	RXNORM	2022-05
197654	estazolam 2 MG Oral Tablet	RXNORM	2022-05
197900	lorazepam 0.5 MG Oral Tablet	RXNORM	2022-05
197901	lorazepam 1 MG Oral Tablet	RXNORM	2022-05
197902	lorazepam 2 MG Oral Tablet	RXNORM	2022-05
198057	oxazepam 10 MG Oral Capsule	RXNORM	2022-05
198059	oxazepam 30 MG Oral Capsule	RXNORM	2022-05
198183	quazepam 15 MG Oral Tablet	RXNORM	2022-05
198241	temazepam 15 MG Oral Capsule	RXNORM	2022-05
198242	temazepam 30 MG Oral Capsule	RXNORM	2022-05
198243	temazepam 7.5 MG Oral Capsule	RXNORM	2022-05
198317	triazolam 0.125 MG Oral Tablet	RXNORM	2022-05
198318	triazolam 0.25 MG Oral Tablet	RXNORM	2022-05
199450	clobazam 10 MG Oral Tablet	RXNORM	2022-05
2058253	clobazam 10 MG Oral Film	RXNORM	2022-05
2058254	clobazam 20 MG Oral Film	RXNORM	2022-05
2058255	clobazam 5 MG Oral Film	RXNORM	2022-05
2120550	2 ML diazepam 5 MG/ML Prefilled Syringe	RXNORM	2022-05
2173494	midazolam 50 MG/ML Nasal Spray	RXNORM	2022-05
2272613	diazepam 100 MG/ML Nasal Spray	RXNORM	2022-05
2272626	diazepam 50 MG/ML Nasal Spray	RXNORM	2022-05
2272632	diazepam 75 MG/ML Nasal Spray	RXNORM	2022-05
238100	lorazepam 2 MG/ML Injectable Solution	RXNORM	2022-05
238101	lorazepam 4 MG/ML Injectable Solution	RXNORM	2022-05
246172	clobazam 20 MG Oral Tablet	RXNORM	2022-05
2541170	50 ML midazolam 1 MG/ML Injection	RXNORM	2022-05
2541171	100 ML midazolam 1 MG/ML Injection	RXNORM	2022-05
2569564	24 HR lorazepam 1 MG Extended Release Oral Capsule	RXNORM	2022-05
2569573	24 HR lorazepam 2 MG Extended Release Oral Capsule	RXNORM	2022-05
2569577	24 HR lorazepam 3 MG Extended Release Oral Capsule	RXNORM	2022-05
308047	alprazolam 0.25 MG Oral Tablet	RXNORM	2022-05
308048	alprazolam 0.5 MG Oral Tablet	RXNORM	2022-05
308050	alprazolam 1 MG/ML Oral Solution	RXNORM	2022-05
309843	diazepam 1 MG/ML Oral Solution	RXNORM	2022-05
309844	diazepam 5 MG/ML Oral Solution	RXNORM	2022-05

309845	diazepam 5 MG/ML Injectable Solution	RXNORM	2022-05
311376	lorazepam 2 MG/ML Oral Solution	RXNORM	2022-05
311700	midazolam 1 MG/ML Injectable Solution	RXNORM	2022-05
311702	midazolam 5 MG/ML Injectable Solution	RXNORM	2022-05
312134	oxazepam 15 MG Oral Capsule	RXNORM	2022-05
349194	clonazepam 0.125 MG Disintegrating Oral Tablet	RXNORM	2022-05
349195	clonazepam 0.25 MG Disintegrating Oral Tablet	RXNORM	2022-05
349196	clonazepam 1 MG Disintegrating Oral Tablet	RXNORM	2022-05
349197	clonazepam 2 MG Disintegrating Oral Tablet	RXNORM	2022-05
349198	clonazepam 0.5 MG Disintegrating Oral Tablet	RXNORM	2022-05
422410	midazolam 2 MG/ML Oral Solution	RXNORM	2022-05
433798	24 HR alprazolam 0.5 MG Extended Release Oral Tablet	RXNORM	2022-05
433799	24 HR alprazolam 2 MG Extended Release Oral Tablet	RXNORM	2022-05
433800	24 HR alprazolam 1 MG Extended Release Oral Tablet	RXNORM	2022-05
433801	24 HR alprazolam 3 MG Extended Release Oral Tablet	RXNORM	2022-05
485413	alprazolam 0.25 MG Disintegrating Oral Tablet	RXNORM	2022-05
485414	alprazolam 1 MG Disintegrating Oral Tablet	RXNORM	2022-05
485415	alprazolam 0.5 MG Disintegrating Oral Tablet	RXNORM	2022-05
485416	alprazolam 2 MG Disintegrating Oral Tablet	RXNORM	2022-05
485489	temazepam 22.5 MG Oral Capsule	RXNORM	2022-05
763028	1 ML lorazepam 2 MG/ML Cartridge	RXNORM	2022-05
763029	1 ML lorazepam 4 MG/ML Cartridge	RXNORM	2022-05
801957	0.5 ML diazepam 5 MG/ML Rectal Gel	RXNORM	2022-05
801961	2 ML diazepam 5 MG/ML Rectal Gel	RXNORM	2022-05
801966	4 ML diazepam 5 MG/ML Rectal Gel	RXNORM	2022-05
856769	amitriptyline hydrochloride 12.5 MG / chlordiazepoxide 5 MG Oral Tablet	RXNORM	2022-05
856792	amitriptyline hydrochloride 25 MG / chlordiazepoxide 10 MG Oral Tablet	RXNORM	2022-05
889614	chlordiazepoxide hydrochloride 5 MG / clidinium bromide 2.5 MG Oral Capsule	RXNORM	2022-05
905369	chlordiazepoxide hydrochloride 10 MG Oral Capsule	RXNORM	2022-05
905495	chlordiazepoxide hydrochloride 25 MG Oral Capsule	RXNORM	2022-05
905516	chlordiazepoxide hydrochloride 5 MG Oral Capsule	RXNORM	2022-05
998211	2 ML midazolam 1 MG/ML Prefilled Syringe	RXNORM	2022-05

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