Perinatal Care (PC-01) Paper Tool

Birthdate: _______/_______/_________________
All dates are in MM-DD-YYYY.

Patient Identifier: ________________________________
Up to 40 letters, numbers, and/or characters

Admission Date: _______/_______/_________________
All dates are in MM-DD-YYYY.

Discharge Date: _______/_______/_________________
All dates are in MM-DD-YYYY.

1. **What was the ICD-9-CM code selected as the principal diagnosis for this record?** *(ICD-9-CM Principal Diagnosis Code)* ________________

2. **Were there ICD-9-CM Other Diagnosis Codes selected for this medical record?** *(ICD-9-CM Other Diagnosis Codes)*

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   a. If none of the codes above are on Appendix A, Table 11.07 continue and proceed to Clinical Trial.

   b. If at least one code above is on Appendix A, Table 11.07, add to the exclusion count for ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for elective delivery. Stop abstracting.

3. **During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied?** *(Clinical Trial)*

   _____ Yes
   _____ No

   a. If Clinical Trial equals Yes, the case will be excluded (measure outcome of “B”). Add to exclusion count for enrolled in a Clinical Trial. Stop abstracting.

   b. If Clinical Trial equals No, continue and proceed to Gestational Age.
4. How many weeks of gestation were completed at the time of delivery?
   *(Gestational Age)*
   
   _____ (1-50)
   _____ UTD

   a. If Gestational Age is equal to UTD add to both the Numerator and Denominator counts. Stop abstracting.
   
   b. If Gestational Age is less than 37 or greater than or equal to 39 weeks the case will be excluded (measure outcome of “B”). Add to exclusion count for Gestational Age < 37 or >= 39 weeks. Stop abstracting.
   
   c. If Gestational Age is greater than or equal to 37 and less than 39 weeks continue and recheck the ICD-9-CM Principal Diagnosis and/or ICD-9-CM Other Diagnosis Codes.

5. What was the ICD-9-CM code selected as the principal diagnosis for this record? *(ICD-9-CM Principal Diagnosis Code)* (Step Number 1).

   a. If the Principal Diagnosis code is on Appendix A, Table 11.06.1 add to the Denominator count only. Stop abstracting.
   
   b. If the Principal Diagnosis code is not on Appendix A, Table 11.06.1 continue and proceed to ICD-9-CM Other Diagnosis Codes.

6. Were there ICD-9-CM Other Diagnosis Codes selected for this medical record? *(ICD-9-CM Other Diagnosis Codes)* (Step Number 2)

   a. If at least one code is on Appendix A, Table 11.06.1 add to the Denominator count only. Stop abstracting.
   
   b. If there are no codes on Appendix A, Table 11.06.1 continue and proceed to ICD-9-CM Principal Procedure Code and/or ICD-9-CM Other Procedure Codes.

7. What was the ICD-9-CM code selected as the principal procedure for this record? *(ICD-9-CM Principal Procedure Code)* __________________________
8. What were the ICD-9-CM code(s) selected as other procedure(s) for this record? *(ICD-9-CM Other Procedure Codes)*

___________________  ____________________  ____________________
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a. If at least one ICD-9-CM Principal or Other Procedure Code is on Appendix A, Table 11.05 add to both the Numerator and Denominator counts. Stop abstracting.

b. If there is no Principal or Other Procedure Codes for this record add to the Denominator count only. Stop abstracting.

c. If there are procedure codes but none on Table 11.05 recheck to determine if there are any ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes on Appendix A, Table 11.06.

d. If there are no ICD-9-CM Principal or Other Procedure Codes on Appendix A, Table 11.06 add to the Denominator count only. Stop abstracting.

e. If at least one code is on Appendix A, Table 11.06 continue and proceed to Labor.

9. Is there documentation by the clinician that the patient was in labor? *(Labor)*

_____ Yes
_____ No

a. If Labor is equal to Yes, add to Denominator count only. Stop abstracting.

b. If Labor equals No, continue and proceed to Spontaneous Rupture of Membranes.

10. Is there documentation that the patient had spontaneous rupture of membranes before medical induction and/or cesarean section? *(Spontaneous Rupture of Membranes)*

_____ Yes
_____ No
a. If Spontaneous Rupture of Membranes equals Yes, add to Denominator count only.
b. If Spontaneous Rupture of Membranes equals No, continue and proceed to Prior Uterine Surgery.

11. Is there documentation that the patient had undergone prior uterine surgery? (Prior Uterine Surgery)

_____ Yes
_____ No

a. If Prior Uterine Surgery equals Yes, add to Denominator count only.
b. If Prior Uterine Surgery equals No, add to both the Numerator and Denominator counts.
**Individual Medical Record Data Collection Tool**

The numerator, denominator, and/or exclusion abstracted from this medical record are recorded in one or more of the requirements listed on this page.

For example: If during abstraction of the medical record ‘yes’ is selected for the data element, *Clinical trial*, add one to the exclusion count.

Exclusions: Enrolled in clinical trial___1___.

**Data Collection for this medical record only:**

- **Numerator:** Patients with elective deliveries __________
  (Note: The Numerator is the total count of cases that resulted in a measure outcome of “E”.)

- **Denominator:** Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed __________
  *(Note: The Denominator is the total count of cases that resulted in a measure outcome of “D” plus cases that resulted in a measure outcome of “E”.)*

- **Exclusions:**
  - ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for Elective Delivery __________
  - Enrolled in a clinical trial __________
  - Gestational age $< 37$ or $\geq 39$ weeks__________

For abstraction specifications and determination of numerator, denominator, and total exclusions refer to the Joint Commission specifications for this measure at https://manual.jointcommission.org/bin/view/Manual/WebHome.

A total from each individual requirement abstracted from all medical records are required for data submission via the web-based data submission Interface on QualityNet.

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