

Quality ID #335: Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (COM)

MEASURE TYPE:

Outcome – High Priority

- ***INVERSE MEASURE: LOWER SCORE – BETTER***

DESCRIPTION:

Percentage of patients, regardless of age, who gave birth during a 12-month period, delivered a live singleton at < 39 weeks of gestation, and had elective deliveries (without medical indication) by cesarean birth or induction of labor.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted **each time** a procedure is performed for denominator eligible cases as defined in the denominator criteria patients seen during the performance period.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients undergoing delivery by cesarean birth or induction of labor. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this procedure measure is submitted each time a procedure is performed during the performance period.

This is an inverse measure which means a lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure **is not appropriate for nor applicable to the telehealth setting**. This measure is procedure based and therefore doesn't allow for the denominator criteria to be conducted via telehealth. It would be appropriate to remove these patients from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When

implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients, regardless of age, who gave birth during a 12-month period delivering a live singleton at < 39 weeks of gestation.

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Single live birth during the performance period (ICD-10-CM): Z37.0

AND

Patient procedure during performance period (CPT): 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

AND

Delivery at < 39 weeks of gestation: M1444

NUMERATOR:

Patients who had elective deliveries (without medical indication) by cesarean birth or induction of labor.

Numerator Instructions:

INVERSE MEASURE – see **Implementation Considerations**

Numerator Options:

Performance Not Met:

Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (< 39 weeks of gestation) (G9355)

OR

Denominator Exception:

Medical indication for delivery by cesarean birth or induction of labor (< 39 weeks of gestation) [Documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)] (G9361)

OR

Performance Met:

Elective delivery (without medical indication) by cesarean birth or induction of labor performed (< 39 weeks of gestation) (G9356)

RATIONALE:

Elective delivery or early induction often leads to prematurity, increased costs, and an increased incidence of cesarean birth. Studies have determined that elective delivery prior to the gestational age of 39 weeks may result in significant short-term neonatal morbidity (neonatal intensive care unit admission rates of 13%–21%). Recent research shows that infants born prior to 39 weeks face a higher risk of breathing disorders and other problems than those who remain in the uterus longer [1].

Substantial disparities exist in the prevalence of preterm birth, fetal demise, maternal mortality, neonatal mortality, and obstetric care utilization [2]. As noted by Kozhimannil et al., "differences in cesarean use or labor induction, including differences not driven by medical need, may contribute to racial disparities in neonatal and maternal outcomes" [3]. A

retrospective study of vital statistics found that disorders related to short gestation and low birth weight were the second-leading cause of fetal demise and that Black, American Indian, and Puerto Rican women experience the highest risk of unfavorable birth outcomes [4]. Black-White differences in early elective delivery have been recognized, with Black women having 30 percent higher odds of early elective cesarean compared to non-Hispanic White women [3]. At least one study found that policy change effectively eliminating early delivery eliminated Black-White differences in early elective cesarean [3], suggesting that successful implementation of this measure's intent may have positive downstream impacts on disparities in maternal and fetal outcomes overall.

CLINICAL RECOMMENDATION STATEMENTS:

Decisions regarding maternal delivery are complex and must take into account maternal and newborn risks, practice environment, and patient preferences [5]. The goal of induction of labor is to achieve vaginal delivery by stimulating uterine contractions before the spontaneous onset of labor. Generally, induction of labor has merit as a therapeutic option when the benefits of expeditious delivery outweigh the risks of continuing the pregnancy [6]. Labor may also be induced for logistic reasons, e.g., rapid labor, distance, or psychosocial reasons. However, indications for induction of labor are not absolute, but should take into account maternal and fetal conditions, gestational age, cervical status, and other factors [7].

ACOG and the Society for Maternal-Fetal Medicine have long discouraged nonindicated delivery before 39 weeks of gestation because the neonatal risks of late pre-term (34 0/7–36 6/7 weeks of gestation) and early term (37 0/7–38 6/7 weeks of gestation) births are well-established, and the potential neonatal complications associated with elective delivery at less than 39 0/7 weeks are well described. Based on these and other data, timing of elective delivery at 39 weeks of gestation or later is recommended even when a cesarean is to be performed at maternal request [8]. Deferring delivery to 39 weeks of gestation is not recommended if there is a medical or obstetric indication for early delivery [5]. In these cases, health providers will need to weigh competing risks and benefits for the woman and her fetus. The following are examples of maternal or fetal conditions that may be indications for elective delivery by cesarean birth, or early induction of labor [5,7]:

- Placenta previa*
- Suspected accreta, increta, or percreta*
- Vasa previa*
- Prior classical cesarean*
- Prior myomectomy requiring cesarean delivery*
- Previous uterine rupture*
- Oligohydramnios
- Growth restriction
- Multiple gestations—uncomplicated
- Multiple gestations—complicated
- Alloimmunization
- Hypertensive disorders of pregnancy
- Diabetes
- HIV
- Intrahepatic cholestasis of pregnancy
- PROM (prelabor rupture of membranes)

* These conditions may be indications for early delivery by cesarean birth; they are not indications for early induction of labor.

REFERENCES:

1. Clark, S. L., Miller, D. D., Belfort, M. A., Dildy, G. A., Frye, D. K., & Meyers, J. A. (2009). Neonatal and maternal outcomes associated with elective term delivery. *American Journal of Obstetrics and Gynecology*, 200(2), 156.e1–156.e1564. <https://doi.org/10.1016/j.ajog.2008.08.068>
2. Bryant, A.S., Worjoloh, A., Caughey, A.B., Washington, E. (2010). Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. *American Journal of Obstetrics and Gynecology*, 202(4), 335-343. <https://doi.org/10.1016/j.ajog.2009.10.864>
3. Kozhimannil, K.B., Muoto, I., Darney, B.G., Caughey, A.B., Snowden, J.M. (2018). Early elective delivery disparities

between non-hispanic black and white women after statewide policy implementation. *Women's Health Issues*, 28(3), 224–231. <https://doi.org/10.1016/j.whi.2017.11.008>

4. MacDorman, M.F. (2011). Race and ethnic disparities in fetal mortality, preterm birth, and infant mortality in the United States: an overview, *Seminars in Perinatology*, 35(4), 200-208. <https://doi.org/10.1053/j.semperi.2011.02.017>
5. ACOG Committee Opinion 838: Medically Indicated Late-Preterm and Early-Term Deliveries Committee Opinion (2021)
6. ACOG Practice Bulletin "Induction of Labor" (No. 107, issued August 2009, reaffirmed 2020)
7. ACOG Committee Opinion 765 Avoidance of Nonmedically Indicated Early-Term Deliveries and Associated Neonatal Morbidities (issued 2019, reaffirmed 2021)
8. ACOG Committee Opinion 761: Cesarean Delivery on Maternal Request (2019)

COPYRIGHT:

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

©

This measure is owned and stewarded by the Centers for Medicare & Medicaid Services (CMS). CMS contracted (Contract # 75FCMC18D0027/ Task Order # 75FCMC24F0144) with the American Institutes for Research (AIR) to develop this measure. AIR is not responsible for any use of the Measure. AIR makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and AIR has no liability to anyone who relies on such measures or specifications. This measure is in the public domain.

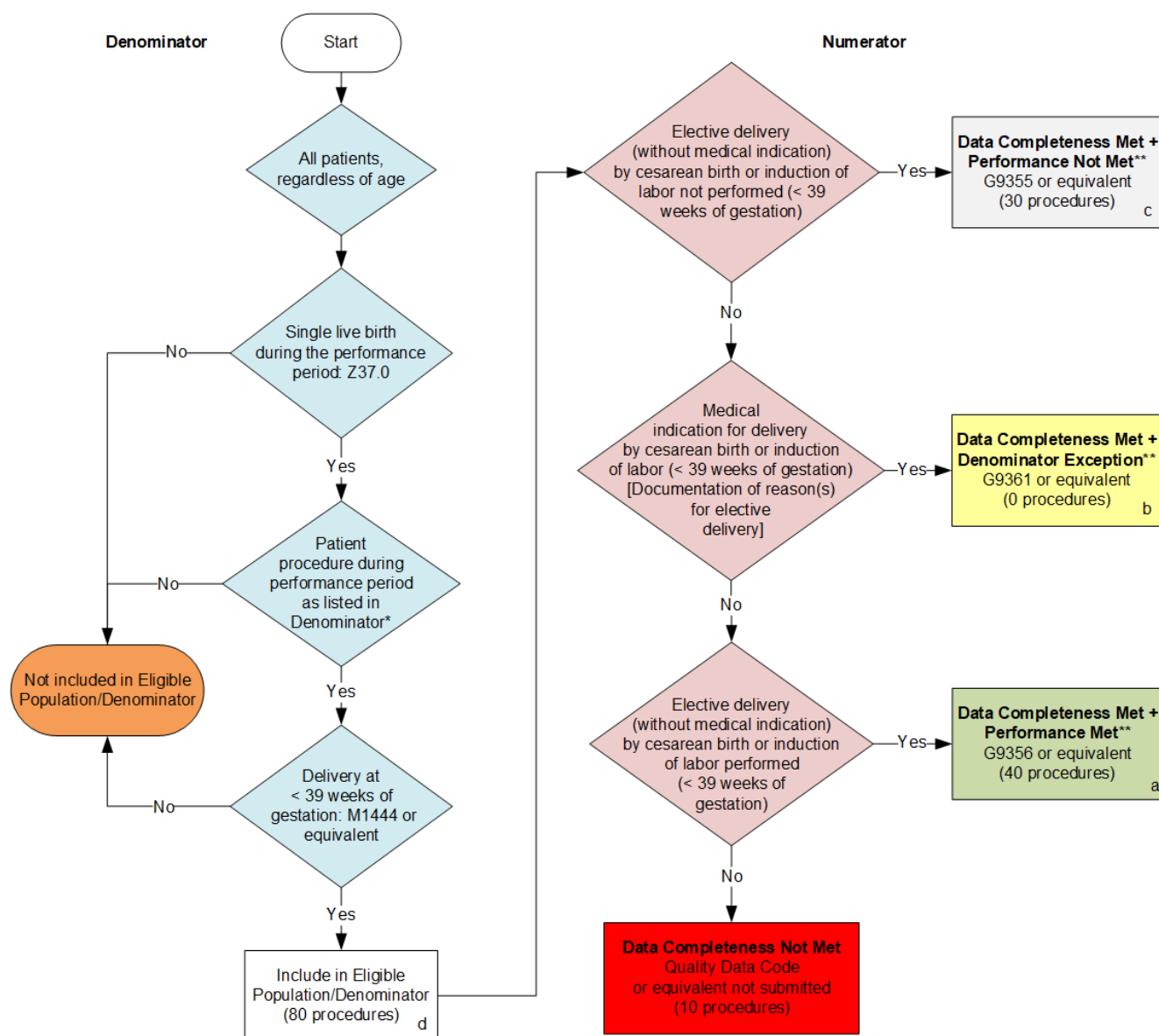
Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. AIR disclaims all liability for use or accuracy of any third party codes contained in the specifications.

CPT® contained in the measure's specifications is copyright 2004–2025 American Medical Association. ICD-10 is copyright 2025 World Health Organization. All Rights Reserved.

This performance measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications.

2026 Clinical Quality Measure Flow for Quality ID #335:
Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)
INVERSE MEASURE: LOWER SCORE - BETTER

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 procedures) + Denominator Exception (b=0 procedures) + Performance Not Met (c=30 procedures) = 70 procedures = 87.50%
 Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=**

Performance Met (a=40 procedures) = 40 procedures = 57.14%
 Data Completeness Numerator (70 procedures) – Denominator Exception (b=0 procedures) = 70 procedures

*See the posted measure specification for specific coding and instructions to submit this measure.

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Procedure

CPT only copyright 2025 American Medical Association. All rights reserved. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v10

2026 Clinical Quality Measure Flow Narrative for Quality ID #335:
Maternity Care: Elective Delivery (Without Medical Indication) at Less Than 39 Weeks (Overuse)
INVERSE MEASURE: LOWER SCORE - BETTER

***Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator.
2. Check *All patients, regardless of age.*
3. Check *Single live birth during the performance period:*
 - a. If *Single live birth during the performance period* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Single live birth during the performance period* equals Yes, proceed to check *Patient procedure during performance period as listed in Denominator**.
4. Check *Patient procedure during performance period as listed in Denominator**:
 - a. If *Patient procedure during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during performance period as listed in Denominator** equals Yes, proceed to check *Delivery at less than 39 weeks of gestation*.
5. Check *Delivery at less than 39 weeks of gestation:*
 - a. If *Delivery at less than 39 weeks of gestation* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Delivery at less than 39 weeks of gestation* equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
7. Start Numerator
8. Check *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation):*
 - a. If *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation)* equals Yes, include in *Data Completeness Met and Performance Not Met***.
 - *Data Completeness Met and Performance Not Met*** letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
 - b. If *Elective delivery (without medical indication) by cesarean birth or induction of labor not performed (less than 39 weeks of gestation)* equals No, proceed to check *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]*.
9. Check *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]*:

- a. If *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]* equals Yes, include in *Data Completeness Met and Denominator Exception***.
 - *Data Completeness Met and Denominator Exception*** letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 0 procedures in the Sample Calculation.
 - b. If *Medical indication for delivery by cesarean birth or induction of labor (less than 39 weeks of gestation) [Documentation of reason(s) for elective delivery]* equals No, proceed to check *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)*.
10. Check *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)*:
- a. If *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)* equals Yes, include in *Data Completeness Met and Performance Met***.
 - *Data Completeness Met and Performance Met*** letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
 - b. If *Elective delivery (without medical indication) by cesarean birth or induction of labor performed (less than 39 weeks of gestation)* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 0 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate** equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 0 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Procedure

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.