Questions & Answers - Expert to Expert Webinar: 2025 Reporting Year Annual Updates for PC-02 and PC-07 eCQMs

Broadcast Jan 9, 2025

Theme	Question Asked	Answer Given
Anemia	For PC-07, is Severe Anemia counted as an exclusion?	No, for PC-07, the "Anemia" value set (2.16.840.1.113762.1.4.1029.321) is used for risk adjustment, these patients are not excluded from the measure.
Benchmark	Will there be a benchmark for PC-07?	For questions about eCQM reporting data, please reach out to the CCSQ service desk at https://cmsqualitysupport.servicenowservices.com/ccsq_support_central.
Benchmark	What are the national rates for ePC07?	National rates for PC-07 in calendar year 2023 are available on QualityNet (https://qualitynet.cms.gov/inpatient/measures/ecqm/resources#tab4) on the ePC-07 Fact Sheet.
Blood Transfusion	Would it be possible to remove transfusion from PC-07? Transfusing patients who have experienced hemorrhage is improving mortality	Thank you for the feedback. The perinatal Technical Advisory Panel (TAP) discussed the removal of transfusion-only cases from the PC-07 measure. The TAP, which is comprised of obstetricians, maternal fetal medicine specialists, neonatologists, nurses, and midwives, voted unanimously to keep both transfusion and non-transfusion rates. Hospitals can use their transfusion-only cases to identify disparities in care and work to decrease them.
Blood Transfusion	Does this mean that if an OB patient has only a blood transfusion, then they will not fall in the numerator if that is the only severe maternal morbidity (SMM) that they have?	For PC-07, if a blood transfusion is the only SMM, the patient will qualify for the first numerator, which captures all severe obstetric complications. The patient will not qualify for the second numerator which excludes encounters where transfusion was the only severe obstetric complication.
Blood Transfusion	The definition of SMM in the past regarding blood transfusions was greater than 4 units. Are we now including patients receiving 1 unit of any blood product?	For PC-07, the logic looks for a SNOMED or ICD-10 code contained in the "Blood Transfusion" value set (2.16.840.1.113762.1.4.1029.213) which may reference the transfusion of a single unit.
Cholestasis	The cholestasis in pregnancy code is old and will be updated next year, but what are we to do with those who fell out in 2024?	For PC-07, cholestasis is included in the "Gastrointestinal Disease" value set (2.16.840.1.113762.1.4.1029.338) for risk adjustment. Cholestasis is not included in numerator or denominator exclusions. Clinically equivalent services may be mapped to the codes used in the measure's value sets. We are unable to provide specific guidance related to the mapping of codes. We recommend you consult with your EHR vendor and clinical partners. If mapping is conducted, please maintain documentation in case of a CMS audit.

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Coding Procedures	In testing, we are seeing that patients are not qualifying for the initial population because of the changes to the delivery Procedure "day of" logic. Many hospitals capture delivery procedures from coding which often includes the date and not a time or a time of midnight. Is it recommended that hospitals capture delivery procedures from clinical documentation instead of from coding now?	For both PC-02 and PC-07, "day of" was removed from the 2025 reporting version to prevent unexpected patients from being included in the Initial Population and Numerator. The delivery procedure documentation should have both date and time recorded in the EHR system.
Compare to Chart-Abstracted Measure	We are seeing very different PC-02 rates compared to when we chart abstracted this measure. Is that consistent with other sites?	Chart-abstracted and eCQM versions of the PC-02 measure are intended to produce similar rates. We recommend working with your quality team to examine the misalignment in detail.
Denominator Exclusions	For PC-02, has there been any discussion of excluding mothers with seizures, drug use or gestational diabetes? What about mothers who refuse to give birth vaginally?	The Cesarean Birth measure (PC-02) is designed to measure the rates of cesarean births among a subset of the general obstetric population, nulliparous patients who delivered a live term singleton newborn in the vertex position at greater than or equal to 37 weeks gestation. Extensive testing made it clear that there is no need to exclude for all known indications for performing cesareans, since these medical conditions are less common and do not significantly impact a hospital's adjusted cesarean rates. Thus, including a comprehensive set of maternal medical exclusions would add data collection burdens without significant impact to the eCQM measure score.
Denominator Exclusions	PC-02 - Will there be any exclusions for patients that have had myomectomies?	Myomectomy is not an exclusion for PC-02. Currently, the codes for Myomectomy are too broad and identify conditions which would not necessarily be an indication for a cesarean section. The measure team will continue to review the potential exclusion of patients with myomectomies in future update cycles.
Denominator Exclusions	For PC-02 is Occiput Anterior considered an excluded malpresentation?	No, occiput anterior, a vertex position, is not excluded for the PC-02 measure as this is an optimal position for delivery. To review a list of codes that meet the denominator exclusion for abnormal presentation, please review the “Abnormal Presentation” value set (2.16.840.1.113762.1.4.1045.105). To review value set contents, please visit the Value Set Authority Center at https://vsac.nlm.nih.gov.

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Exclusion Codes	Please provide ICD exclusion code sorted by metric name	The ICD-10 codes for denominator exclusions for PC-07 are available on the Value Set Authority Center (VSAC) at https://vsac.nlm.nih.gov/. The following value set names and OIDs (Object Identifiers) can be used to search on the VSAC. ○ "Abnormal Presentation" (2.16.840.1.113762.1.4.1045.105) ○ "Placenta Accreta Spectrum Previa or Vasa Previa" (2.16.840.1.113762.1.4.1110.37) ○ "Genital Herpes" (2.16.840.1.113883.3.464.1003.110.12.1049)
Funic	Has funic/cord presentation ever been considered as an exclusion for PC-02?	Often, a funic presentation has the differential diagnosis of a vasa previa, which is a denominator exclusion for PC-02. Codes for funic/cord presentation are not specific enough for inclusion in the measure specification. The measure team will continue to review the potential exclusion of patients with funic/cord presentation in future update cycles.
Genital Herpes	How is the active genital herpes going to be looked at in the EMR for exclusion for PC-02? What if the Patient has genital herpes but no active lesions, would this patient still qualify for the exclusion?	For PC-02, any code from the value set "Genital Herpes" (2.16.840.1.113883.3.464.1003.110.12.1049) will qualify the patient for the denominator exclusion. To review value set contents, please visit the Value Set Authority Center at https://vsac.nlm.nih.gov.
Gravidity, Parity	I may have misunderstood this when it was explained. Paraphrasing what I understood her to say: If the Gravida is 1 OR if Parity is 0 OR if Term Delivery is 0 the patient will pull in. My question: If a patient delivered a preterm baby and is now a G2P1 but Term deliveries is 0, wouldn't that patient be incorrectly included in the measure?	For PC-02, the denominator population is defined as inpatient hospitalizations for nulliparous patients who delivered a live term singleton newborn greater than or equal to 37 weeks' gestation where Gravida is 1, or Parity is 0, or (previous term births is 0 and previous preterm births is 0). Therefore, a patient that previously delivered a preterm baby that is now a G2P1, would not be included in the measure.
Gravidity, Parity	Is there a way to prioritize parity "0" over gravida "1"? Are G2P0, or even G5P0, patients not included in the PC-02 measure?	There is no prioritization between Gravidity and Parity in the PC-02 denominator criteria. In the examples provided where parity is 0, a patient with G2P0 or a patient with G5P0 would qualify for the denominator population.

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Gravidity, Parity	Why is a coded diagnosis of prior cesarean section not included as ePC-02 denominator exclusion? In some situations, narrative notes documentation and coded diagnosis reveals the patient is not nulliparous. However, erroneous documentation of Gravida or Parity or Term and Preterm meets the nulliparous definition and logic, pulling the patient in the denominator population. Including diagnosis codes for a history of a prior cesarean section will be helpful in ensuring data is more accurate and meets the definition of the denominator population for this measure.	For PC-02, the denominator population is defined as an "Encounter with Singleton Delivery" where Gravida is 1, or Parity is 0. Based on the measure logic, a patient with a previous cesarean birth will not be included in the denominator population. Please work with your coding and IT specialists to ensure cases are accurately coded and that codes are accurately being captured.
Gravidity, Parity	Related to PC-02: "no previous births" does this include early miscarriages? Would this only be patients with loss at or after 20 weeks?	Per the specifications for PC-02, a previous birth is defined as documentation that the patient experienced a birth greater than or equal to 20 weeks gestation regardless of the outcome (i.e. parity > 0) prior to the current hospitalization.
Lab and Vital Sign Results	How do we ensure appropriate capture of preexisting conditions, vitals and labs?	PC-07 uses the present-on-admission indicator to identify pre-existing conditions for the purposes of risk-adjustment. PC-07 captures laboratory test and vital sign values present in the EHR between 24 hours prior to start of encounter and before time of delivery.
Measure Goal	What is the best way to understand the measure results? What is a goal to achieve?	For PC-07, improvement is noted as a decrease in the rate. For PC-02, acceptable rates fall within an optimal range of 30% or lower, since The Joint Commission does not want to encourage inappropriately low Cesarean rates that may be unsafe to patients. Hospitals are not expected to achieve a zero rate of Cesarean births. There is not an established threshold for what rates may be too low.
Neonatal Conditions	Why are there no neonatal conditions that warrant a cesarean delivery, such as severe bradycardia, decreased fetal heart tones?	For PC-02, a recent Technical Advisory Panel convened to review possible exclusions that would be indications for cesarean birth. Exclusions must be identifiable in coding, and not potential reflections of labor management or variations in interpretation or severity of conditions. Fetal bradycardia or fetal heart rate variations can be a result of labor management and have varied interpretations and severity. These conditions can often be resolved through intervention, and not all require a cesarean delivery.

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Numerator Exclusions	PC 07- Would you be able to provide details on why placenta accreta with hysterectomy is not included as an exclusion for PC-07 when placenta increta and placenta percreta are exclusions?	Placenta accreta is not an exclusion for PC-07. The Technical Advisory Panel noted that not all cases of placenta accreta require a hysterectomy, and preservation of the uterus should be considered.
Placental Abruption	Why isn't placental abruption a condition for Cesarean Section?	The Cesarean Birth measure (PC-02) focuses on patients having their first birth who are at the highest risk of primary cesarean birth when compared to mothers who have experienced a previous vaginal birth. Extensive testing indicated no need to exclude all indications for performing cesareans, since these types of medical conditions are less common and would not significantly increase a hospital's adjusted cesarean rate. A recent technical advisory panel (TAP) convened to discuss adding placental abruption to the list of exclusions. The TAP determined that this condition is difficult to define, with ranges from mere spotting to full abruption. Therefore, it will not be added to the exclusions for PC-02 at this time.
Pre-admission Lab Results	What about preadmission labs associated to the admission encounter. Will that adversely affect the measure?	For PC-07, if pre-admission lab result values are available in the EHR from 24 hours prior to the start of the encounter to the time of delivery, they will be factored into risk adjustment if the case qualifies for the denominator. Lab values outside of this timeframe will not be factored into risk adjustment for this measure.
Present-On-Admission	Is final coding the ideal source to identify POA conditions?	Present on Admission (POA) is a designation used to indicate whether a patient's medical condition existed at the time of their admission to a healthcare facility and can be captured by EMR.
Provider Documentation	Can we discuss the role of provider documentation and coding in PC-07?	Documentation by providers is used for PC-07 if data are pulled from codified, discrete fields.
QDM	What does the QDM stand for? Somehow, I missed it	QDM stands for Quality Data Model, a conceptual information model that defines clinical patient data and concepts in a standardized format. For more information, please visit the eCQI Resource Center: https://ecqi.healthit.gov/qdm?qt-tabs_qdm=about.
Rate Threshold	Will the PC-02 recommended rate threshold be decreased?	Acceptable PC-02 rates are 30% or lower, however, please note that there is not an established threshold for when rates may be too low. The Joint Commission does not want to encourage inappropriately low Cesarean rates that may be unsafe to patients. The goal of this measure is for hospitals to understand their baseline rate of performance to determine if performance improvement efforts are effective over time when their baseline is higher than the national performance.

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Reporting	Will there be an opportunity to manually adjust data for charts pulled into the eCQM by error on reports?	While data cannot be manually adjusted, we recommend working with your IT department, Quality team, and Hospital Leadership to improve documentation, terminology mapping, and coding practices for more accurate reports.
Reporting	Would it make sense for a patient to not be in the denominator (PC-07) and only in the initial population if their delivery took place on the way to the hospital, or in the ED before inpatient status? Even though coding would include delivery. I have patients not falling into the denominator who either delivered on way to hospital or in the ED.	If there is a code for a delivery present for the encounter for PC-07, the case should be in the denominator. Please work with your coding and IT specialists to ensure cases are accurately coded and that codes are accurately being captured.
Resource	Is there a simple spec document for PC-07?	Please visit the eCQI Resource Center at https://ecqi.healthit.gov for information about eCQMs. PC-07 measure specifications for reporting year 2025 is located at https://ecqi.healthit.gov/ecqm/eh/2025/cms1028v3.
Risk Adjusted Rate	When will the risk adjusted scores be visible? All we see within our EMR is the non-adjusted rates	Confidential hospital specific reports are released to hospitals in July or August on the hospital quality reporting platform for deliveries occurring in the previous calendar year. National rates for PC-07 in calendar year 2023 are available on QualityNet (https://qualitynet.cms.gov/inpatient/measures/ecqm/resources#tab4) on the ePC-07 Fact Sheet.
Risk Adjusted Rate	Often facilities try to calculate their risk adjustment. Is this something that can be done at the facility or system level or is it only calculated with submission?	The risk-standardized measure scores can only be calculated upon submission of data from multiple hospitals.
Risk Adjusted Rate	Is there any system that allows for a risk adjusted rate calculation prior to final submission?	No system allows for a risk adjusted rate calculation prior to submission. Data from multiple hospitals are required to calculate the risk-standardized measure score for any given hospital.
Sample Calculation	In the sample calculation of PC-02 in the measure flow diagram, what is the meaning of the numbers 100 and 20 in the denominator?	In the sample calculation for PC-02 on slide #28, 100 is the total counts of patients who meet the denominator condition of a1, a2, and a3 represented in prior slides, while 20 is the total counts of patients who meet the denominator exclusion of b1 and b2.
Housing Instability	How is risk adjustment captured and reported for Housing Instability? Is this via ICD-10 codes?	For PC-07, Housing Instability is captured via ICD-10 codes for risk adjustment. For more information, please review the "Economic Housing Instability" value set (2.16.840.1.113762.1.4.1029.292) on the Value Set Authority Center at https://vsac.nlm.nih.gov/.

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Two Numerators	What is the reasoning for not following the naming conventions for PC-06 (moderate, severe, overall), instead of the Stratum, now two numerators. I find the PC-07 terms cause more confusion when explaining the metric to others.	The PC-07 measure was updated to include two numerators as opposed to stratification to alleviate confusion. Stratification classifies a whole population within different groups. Since the second numerator is a subset of "all severe obstetric complications" and no other sub-population is being reported or described, it is more appropriate to report this as two rates, rather than a stratification.
Value Set "Abnormal Presentation"	Is there specific language for "abnormal presentation?"	For more information about the denominator exclusion value set in PC-02, please visit the Value Set Authority Center at https://vsac.nlm.nih.gov/. You can search and review value set terms by the value set name or OID, in this case "Abnormal Presentation" (2.16.840.1.113762.1.4.1045.105).
Value Set "Abnormal Presentation"	Are ICD10 diagnosis codes used for abnormal presentation, etc.?	For PC-02, the “Abnormal Presentation” (2.16.840.1.113762.1.4.1045.105) value set grouping is specified with both ICD-10 and SNOMED coding. Visit the 2.16.840.1.113762.1.4.1045.105 Value Set Authority Center at https://vsac.nlm.nih.gov/welcome to review these codes in more detail.
Value Sets	What is the intent of the payer type value set?	The Payer Type value set contains codes representing categories of types of health care payer entities. This is a supplemental data element within the measure and does not impact measure rates. Supplemental data elements are used to stratify and analyze data across patient populations. For more information about this value set please visit the Value Set Authority Center at https://vsac.nlm.nih.gov/.
Value Sets	Where can we find the actual coding table for PC-07?	Value sets are used in eCQMs, including PC-07, to specify the terminology for data elements. You can find all the value sets located on the Value Set Authority Center (VSAC) at https://vsac.nlm.nih.gov. If you prefer to review a downloadable file for the 2025 reporting period, this resource is located at https://vsac.nlm.nih.gov/download/ecqm?rel=20240502.
Value Sets	Why are there so many differences between coding guidelines and code sets used for quality measures? Both come from CMS, right? Example: our coders are now using E66.813-Obesity, class 3 for our patients with a BMI above 40 due to new coding recommendations. This code, however, is not on the value set for the risk variable "Morbid Obesity/BMI greater than 40". This risk variable is now no longer being captured for our ePC-07 population.	The PC-07 measure specifications, including value sets used within the measure, are reviewed and updated on an annual basis. The code you are referring to, E66.813, was added October 2024 as part of the ICD-10 2025 code system version update. The 2025 reporting year measure specifications are using the 2024 ICD-10 code system version. You can locate the code system versions used for the 2025 reporting year on the Value Set Authority Center (VSAC) website at https://vsac.nlm.nih.gov/download/ecqm?rel=20240502.

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Value Sets	Regarding this question, "Are ICD10 diagnosis codes used for abnormal presentation, etc.? I just went to that website, and if you do not have a login, you cannot access the codes.	Yes, a login is required, but access to the Value Set Authority Center (VSAC) website is free. You can request a UMLS account to access the VSAC at https://uts.nlm.nih.gov/uts/signup-login.
Value Sets	PC-07: Are there recommended coding definitions for sepsis and acute kidney injury that hospitals should use for this measure?	For measure-specific value sets for PC-07, please visit the Value Set Authority Center website at https://vsac.nlm.nih.gov/. The Value Set Authority Center contains terminology for the "Acute Renal Failure" (2.16.840.1.113762.1.4.1110.53) and "Sepsis" (2.16.840.1.113762.1.4.1029.237) value sets.