TOC not required

211.300 Exclusions 1-1-17

Episodes meeting one or more of the following criteria will be excluded:

A. All claims billed without the global delivery code
B. Episode has no professional claim for delivery
C. Pregnancy-related conditions: amniotic fluid embolism, obstetric blood clot embolism, placenta previa, severe preeclampsia, multiple gestation $\geq 3$, late effect complications of pregnancy/childbirth, puerperal sepsis, suspected damage to fetus from viral disease in mother, cerebrovascular disorders
D. Comorbidities: cancer, cystic fibrosis, congenital cardiovascular disorders, DVT/pulmonary embolism, other phlebitis and thrombosis, end-stage renal disease, sickle cell, Type I diabetes

211.400 Adjustments 1-1-17

For the purposes of determining a PAP’s performance, the total reimbursement attributable to the PAP is risk-adjusted for perinatal episodes in which beneficiaries have comorbidities, including but not limited to the following health conditions: diabetes, clinically pertinent fetal conditions, clinically pertinent maternal conditions, pre-term labor/delivery.

211.700 Minimum Case Volume 1-1-17

The minimum case volume is 5 valid episodes per 12-month performance period.