

APPENDIX A-4:

Data Abstraction Tool: Neonatal Antenatal Steroids (NICU-1)

INSTRUCTIONS: Hospitals must refer to the appropriate data dictionary for abstraction guidelines that apply to this measure. Bold italic font throughout this tool indicates updated text has been inserted.

-Provider Name _____

-Provider ID _____ (AlphaNumeric)

-First Name _____

-Last Name _____

-Birthdate ____ - ____ - _____

-Sex: Female Male Unknown

-Postal Code: What is the postal code of the patient's residence? _____
(Five or nine digits, HOMELESS, or Non-US)

-Race Code (DHCFP): (Select One)

- R1 American Indian or Alaska Native
- R2 Asian
- R3 Black/African American
- R4 Native Hawaiian or other Pacific Islander
- R5 White
- R9 Other Race
- UNKNOW Unknown/not specified

-Ethnicity Code (DHCFP) _____
(Alpha 6 characters, numeric is 5 numbers with – after 4th number)

-Hispanic Indicator (DHCFP)

- Yes
- No

-Hospital Bill Number _____
(Alpha/Numeric – field size up to 20)

-Hospital Patient ID (i.e. Medical Record Number) _____ (Alpha/Numeric)

-Admission Date ____ - ____ - _____

-Discharge Date ____ - ____ - _____

-Admission Source / Point of Origin for Admission or Visit (Select One) **(Data Element Optional)**

- 1 = Non-Health Care Facility point of origin
- 2 = Clinic
- 4 = Transfer from a hospital (different facility)
- 5 = Transfer from SNF or ICF
- 6 = Transfer from another Health Care Facility
- 7 = Emergency Room (this facility)
- 8 = Court/Law Enforcement
- 9 = Information Not Available
- D = Transfer from one distinct unit of the hospital to another in the same hospital (separate claims)
- E = Transfer from Ambulatory Surgery Center
- F = Transfer from Hospice

-Was the patient involved in a clinical trial during this hospital stay relevant to the measure set for this admission?

- Yes (Review Ends)
- No

-Discharge Status (Select One Option)

- 01 = Discharged to home care or self care (routine discharge)
- 02 = Discharged/transferred to a short term general hospital for inpatient care
- 03 = Discharged/transferred to a skilled nursing facility
- 04 = Discharged/transferred **to a facility that provides custodial or supportive care (includes ICFs)**
- 05 = Discharged/transferred to a designated cancer center or children's hospital
- 06 = Discharge/transferred to home under care of organized home health services organization in anticipation of covered services
- 07 = Left against medical advice or discontinued care
- 20 = Expired
- 21 = Discharged/ transferred to court/ law enforcement**
- 43 = Discharged/transferred to a federal health care facility
- 50 = Hospice - home
- 51 = Hospice - medical facility (certified) providing Hospice level of care
- 61 = Discharged/transferred to hospital-based Medicare approved swing bed
- 62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- 63 = Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 = Discharged/transferred to a Critical Access Hospital (CAH)
- 70 = Discharged/transferred to another type of healthcare institution not defined elsewhere on this list

1. What is the Medicaid Payer Source? Select One Below:

<u>Payer Source Code</u>	<u>DHCFP Payer Source Description</u>
<input type="checkbox"/> 103	Medicaid (includes MassHealth)
<input type="checkbox"/> 104	Medicaid Managed Care – Primary Care Clinician (PCC) Plan

2. What is the patient's MassHealth Member ID Number? (All alpha characters must be upper case)

3. What is the patient's Social Security number? _____

4. What is the unique measurement system-generated number that identifies this episode of care?

5. Does this case represent part of a sample?

- Yes
- No

6. Was there a principal or secondary ICD-9-CM diagnosis code indicating a birth weight of less than 1500 grams or a gestational age between 24 weeks and 0 days and 32 weeks and 6 days selected for this record?

- No

____ . ____ Principal Diagnosis Code

____ . ____ Secondary Diagnosis Code

7. Was the mother's age less than 18 years old? (Admission Date – Birth Date)

- Yes (Review Ends)
- No

8. Was the mother transferred in?

- Yes (Review Ends)
- No

9. Was the mother transferred out?

- Yes (Review Ends)
- No

10. Was there documentation of one or more contraindications to administer antenatal steroids to the mother?

- Yes
- No

If yes, select all that apply: (If any selected, Review Stops)

- Maternal thyrotoxicosis
- Maternal cardiomyopathy
- Active maternal infection or chorioamnionitis
- Ruptured membranes and imminent delivery within 6-12 hours
- Fetal demise
- Mother with tuberculosis
- Other reasons as documented by physician, nurse practitioner, or physician assistant

11. What was the infant's birth weight in grams?

___ ___ ___ ___ (no leading 0)

12. What was the infant's gestational age? (both weeks and days must be completed)

Weeks: ___ ___ (range 24 – 32)

Days: ___ (range: 0 – 6)

13. Did the mother receive antenatal steroids (corticosteroids administered IM or IV) during pregnancy at any time prior to delivery of a very low birth weight infant?

- Yes
- No