

APPENDIX A-3:
Data Abstraction Tool: Cesarean Birth, NTSV (MAT-4)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the *Emphasis* font style. The capital letters in parenthesis represent the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____
2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)
3. First Name (FIRST-NAME) _____
4. Last Name (LAST-NAME) _____
5. Birthdate (BIRTHDATE) ____ - ____ - ____
6. Race Code - (RACE) (Select One Option)
 1 White
 2 Black or African American
 3 American Indian or Alaska Native
 4 Asian or Pacific Islander
 7 UTD
7. Hispanic Ethnicity- (ETHNIC)
 Yes
 No
8. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____
(Alpha/Numeric)
9. Admission Date (ADMIT-DATE) _____
10. Discharge Date (DISCHARGE-DATE) _____

11. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP)
(Select One Option)

- 01 = Home
- 02 = Hospice- Home
- 03 = Hospice- Health Care Facility
- 04 = Acute Care Facility
- 05 = Other Health Care Facility
- 06 = Expired
- 07 = Left Against Medical Advice / AMA
- 08 = Not Documented or Unable to Determine (UTD)

12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

- 103 MassHealth FFS Network, MassHealth Limited Plans
- 103 Primary Care Clinician Management (PCCM) Plan
- 118 Medicaid Managed Care: Massachusetts Behavioral Health Partnership
- 103 Medicaid Managed Care: Other (not listed elsewhere)
- 288 Medicaid Managed Care: WellSense Health Plan
- 311 Medicaid Other ACO
- 4 Fallon Health-Atrius Health Care Collaborative
- 4 Berkshire Fallon Health Collaborative
- 4 Fallon 365 Care
- 24 Be Healthy Partnership with Health New England
- 288 East Boston Neighborhood Health WellSense Alliance
- 288 WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
- 288 WellSense Boston Children's ACO
- 288 WellSense Care Alliance
- 288 WellSense Community Alliance
- 288 WellSense Mercy Alliance
- 288 WellSense Signature Alliance
- 288 WellSense Southcoast Alliance
- 320 Community Care Cooperative
- 322 Mass General Brigham Health Plan with Mass General Brigham ACO with Mass General Brigham (ACO)
- 323 Revere Health Choice (ACO)
- 7 Tufts Health Together with UMass Memorial Health
- 7 Tufts Health Together with Cambridge Health Alliance
- 328 Tufts Medicine (ACO)

13. What is the patient's MassHealth Member ID? (MHRIDNO)

(Twelve (12) digit number)

14. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.09)

- At least one on Table 11.09 (Review Ends)
- None on Table 11.09

15. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.08)

- None on Table 11.08 (Review Ends)
- At least one on Table 11.08

16. How many weeks of gestation were completed at the time of delivery? (GESTAGE)

Weeks: _____

(in completed weeks; do not round up) (enter 2 digit numeric value with no leading 0, or UTD)

UTD _____ (if UTD or if gestational age is <37 weeks, Review Ends)

17. Did the patient experience a birth prior to the current hospitalization? (NUMPB)

Yes (Review Ends)

No

18. ICD-10-PCS Principal or Other Procedure Codes (Table 11.06)

None on Table 11.06

At least one on Table 11.06