

APPENDIX A-4:
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. Sex (SEX)
 - ☐ Male
 - ☐ Assigned/Designated Male at Birth
 - ☐ Female
 - ☐ Assigned/Designated Female at Birth
 - ☐ LGBTQ
 - ☐ Unknown
7. Race Code - (MHRACE) (Select One Option)
 - ☐ 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
8. Hispanic Indicator- (ETHNIC)
 - ☐ Yes
 - ☐ No
9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____
(Alpha/Numeric)
10. Admission Date (ADMIT-DATE) ____ - ____ - ____
11. Discharge Date (DISCHARGE-DATE) ____ - ____ - ____

12. 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)

13. 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
- ☐ 7 Medicaid Managed Care: Tufts 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 Steward Health Choice (ACO)
- ☐ 7 Tufts Health Together with UMass Memorial Health
- ☐ 7 Tufts Health Together with Cambridge Health Alliance
- ☐ 328 Tufts Medicine (ACO)

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

(All alpha characters must be upper case)

15. 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

16. 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

17. 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)

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

☐ Yes (Review Ends)

☐ No

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

☐ None on Table 11.06

☐ At least one on Table 11.06