

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 represents 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 (former Boston Medical Center HealthNet Plan)
- ☐ 7 Medicaid Managed Care: Tufts Health Plan
- ☐ 311 Medicaid Other ACO
- ☐ 4 Fallon Health-Atrius Health Care Collaborative (former Tufts Health Together with Atrius Health)
- ☐ 4 Berkshire Fallon Health Collaborative
- ☐ 4 Fallon 365 Care
- ☐ 24 Be Healthy Partnership with Health New England
- ☐ 288 East Boston Neighborhood Health WellSense Alliance (new)
- ☐ 288 WellSense Beth Israel Lahey Health (BILH) Performance Network ACO (former Tufts Health Together with BIDCO)
- ☐ 288 WellSense Boston Children's ACO (former Tufts Health Together with Boston Children's)
- ☐ 288 WellSense Care Alliance (new)
- ☐ 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 (former

MGB Healthcare Choice)

- ☐ 323 Steward Health Choice (ACO)
- ☐ 7 Tufts Health Together with UMass Memorial Health (new)
- ☐ 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