**Appendix A-5:**

**Data Abstraction Tool: Unexpected Complications in Term Newborns (NEWB-3)**

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.

# Provider Name (PROVNAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ID (PROVIDER-ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AlphaNumeric)

# First Name (FIRST-NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Last Name (LAST-NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Birthdate (BIRTHDATE) \_\_\_ \_\_\_ -\_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

# Sex (SEX)

* *Male*
* *Assigned/Designated Male at Birth*
* *Female*
* *Assigned/Designated Female at Birth*
* *LGBTQ*
* *Unknown*

1. 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

1. Hispanic Indicator- (ETHNIC)

* Yes
* No

# Patient ID (i.e. Medical Record Number) (PATIENT-ID) \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ (Alpha/Numeric)

# Admission Date (ADMIT-DATE) \_\_\_ \_\_\_-\_\_\_ \_\_\_-\_\_\_ \_\_\_ \_\_\_ \_\_\_

# Discharge Date (DISCHARGE-DATE) \_\_\_ \_\_\_-\_\_\_ \_\_\_-\_\_\_ \_\_\_ \_\_\_ \_\_\_

1. 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) |

# What is the patient’s MassHealth Member ID? (MHRIDNO)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (All alpha characters must be upper case)

# ICD-10-CM Principal or Other Diagnosis Codes (Table 11.30, 11.31, 11.32)

* At least one on Table 11.30, 11.31, or 11.32 (Review Ends)
* None on Table 11.30, 11.31, or 11.32

1. 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)

# ICD-10-PCS Principal or Other Diagnosis Codes (Table 11.36, 11.37, 11.38, 11.39, 11.40, 11.41)

* At least one on Table 11.36, 11.37, 11.38, 11.39, 11.40, or 11.41
* None on Table 11.36, 11.37, 11.38, 11.39, 11.40, or 11.41

# ICD-10-CM Principal or Other Procedure Codes (Table 11.42, 11.43, 11.44)

* At least one on Table 11.42, 11.43, or 11.44
* All missing or none on Table 11.42, 11.43, or 11.44

# ICD-10-CM Principal or Other Diagnosis Codes (Table 11.45)

* At least one on Table 11.45
* None on Table 11.45

# ICD-10-CM Principal or Other Diagnosis Codes (Table 11.46, 11.47)

* At least one on Table 11.46 or 11.47
* None on Table 11.46 or 11.47

# ICD-10-CM Principal or Other Procedure Codes (Table 11.48)

* At least one on Table 11.48
* None on Table 11.48

# ICD-10-CM Principal or Other Diagnosis Codes (Table 11.20.2)

* At least one on Table 11.20.2
* None on Table 11.20.2

# ICD-10-CM Principal or Other Diagnosis Codes (Table 11.49, 11.50, 11.53)

* At least one on Table 11.49, 11.50, or 11.53
* None on Table 11.49, 11.50, or 11.53

# ICD-10-CM Principal or Other Procedure Codes (Table 11.51, 11.52)

* At least one on Table 11.51 or 11.52
* None on Table 11.51 or 11.52

# ICD-10-CM Principal or Other Diagnosis Codes (Table 11.33, 11.35)

* At least one on Table 11.33 or 11.35
* None on Table 11.33 or 11.35

# ICD-10-CM Principal or Other Procedure Codes (Table 11.34)

* At least one on Table 11.34
* None on Table 11.34

# What was the weight of the newborn at delivery?

* \_\_\_\_\_\_\_\_\_ grams (150-8165)
* UTD (Unable to Determine)

# Term Newborn

* 1 = Yes, there is documentation that the newborn was at term or greater than or equal to 37 completed weeks of gestation at the time of birth.
* 2 = No, there is documentation that the newborn was not at term or >= 37 completed weeks of gestation at the time of birth.
* 3 = UTD, unable to determine from medical record documentation.