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| [**Link to Mnemonics and Questions**](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2023q1/MnemonicQuestions1q23.xlsx) | | | | |
|  |  | Diabetes Lab Tests |  |  |
| **If DMFLAG = 1, go to hba1cdne; if DMFLAG <> 1, go to statin as applicable** | | | | |
| 1 | hba1cdne | Within the past year, was a hemoglobin A1c done? 1. Yes  2. No  98. Patient refused hemoglobin A1c test | 1,2,98  If 2 or 98, auto-fill hba1cdt as 99/99/9999 and hba1c as zz.z, and go to uacrratio as applicable | Glycohemoglobin, glycated hemoglobin or glycosolated hemoglobin is acceptable if conversion to HbA1c (percentage) value has been made by the VAMC lab.  Other acceptable tests include:   |  |  | | --- | --- | | A1c | HB1c | | HbA1c | Hemoglobin A1c | | HgbA1c | Glycohemoglobin A1c |   In order to answer “98,” there must be documentation in the record by the provider that the patient refused to have a hemoglobin A1c test performed.  **Cerner suggested data sources:** Results review and select lab extended, routine chemistry and sort by date range and group |
| 2 | hba1cdt | Enter the date the most recent HbA1c was reported. | mm/dd/yyyy  If hba1cdne = 2 or 98, will be auto-filled as 99/99/9999   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.  HBA1CDT will auto-fill as 99/99/9999 if hba1cdne = 2 or 98. Abstractor cannot enter 99/99/9999 default date if HBA1CDNE = 1. |
| 3 | hba1c | Enter the most recent hemoglobin A1c value. | \_ \_.\_%  If hba1cdne = 2, will be z-filled   |  | | --- | | Abstractor entry  > 0 (hard edit) and warning @ > 12 | | If HbA1c was ordered, but the resulting value cannot be found in laboratory reports or electronic database by abstractor or Liaison, return to question HBA1CDNE and answer “2.”  HBA1C will z-fill if hba1cdne = 2 or 98. Abstractor cannot z-fill if HBA1CDNE = 1.  **Cerner suggested data sources:** Results review and select lab extended, routine chemistry and sort by date range and group |
| **If age > = 66 and ((frailflag = 1 or frailty2 = 1) and (illflag = 1 or advillns = 1 or demeds = 1)) OR inltcset = 1), go to statin as applicable** | | | | |
| 4 | uacrratio | During the past year, was a urine albumin-creatinine ratio (uACR) documented in the medical record?  1. Yes 2. No | 1,2  If 2, auto-fill uacrratiodt as 99/99/9999 and go  to ucreatalb | Look to see if the urine albumin-creatinine ratio (uALB/CR) or microalbumin-creatinine ratio (mALB/CR) is calculated.  The uALB/CR or mALB/CR may be documented in the laboratory report or the provider may document the calculated ratio in a progress note.  **Select value “1” or yes if there is:**   * uALB/CR or mALB/CR result found in the laboratory report; often reported in mg/G with reference range 0 – 30 mg/G. * Provider documentation in a progress note (e.g., urine albumin-creatinine ratio calculated as 42 mg/G from urine albumin and urine creatinine results).   **Select value “2” or no if there is:**   * No documentation or documentation of a urine albumin-creatinine ratio in a laboratory report or a progress note * Documentation that the ratio could not be calculated.   **Suggested Data Sources**: Laboratory report, progress notes listing lab values, lab results notification  **Cerner suggested data sources:** Results review and select lab extended, routine chemistry and sort by date range and group |
| 5 | uacrratiodt | Enter the date of the most recent urine albumin- creatinine ratio. | mm/dd/yyyy  Will be auto-filled 99/99/9999 if  uacrratio =2  If valid date, go to egfr   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Enter the date of the most recent urine albumin-creatinine ratio test done in the past year.  Enter the exact date if possible. If exact date cannot be determined, enter month and year at a minimum. If the day cannot be determined, enter 01 for day. |
| 6 | ucreatalb | During the past year is there documentation in the medical record of a **urine creatinine** test within 4 days prior to or after a **urine albumin** **or microalbumin** test?  1. Yes 2. No | 1,2  If 2, go to egfr   |  | | --- | | **Warning**: If 1, Are you sure this is urine creatinine test? | | **In order to select value 1, there must be documentation of both a urine creatinine and a urine albumin (or microalbumin) test performed 4 days or less apart.**  The urine creatinine test measures the amount of creatinine in the urine to evaluate kidney function.   * Look for a urine creatinine test done within 4 days prior to or after the urine albumin test. * Creatinine must be taken from a urine test or urinalysis. * There must be a result present to select value “1” or yes**.**   **Exclude:** creatinine blood (serum) tests  The quantitative urine albumin or microalbumin test detects and measures the amount of albumin or microalbumin in the urine to screen for kidney disease.   * Quantitative refers to a numerical value. There must be a result present to select value “1” or yes. * Urine microalbumin or albumin measurement is acceptable and is usually reported in Mass/volume (mg/L) in urine test results.   **Exclude:** Urine protein alone (e.g., urinalysis results document protein 2+) is not acceptable and does not meet criteria for Kidney Health Evaluation.  **Suggested Data Sources**: Laboratory report, Progress notes listing lab values, Lab results notification  **Cerner suggested data sources:** Results review and select lab extended, routine chemistry and sort by date range and group |
| 7 | ucreatdt2 | Enter the date of the most recent urine creatinine test performed within 4 days prior to or after a urine albumin or microalbumin test. | mm/dd/yyyy   |  | | --- | | < = 1 year prior or = stdybeg and < = stdyend | | Enter the exact date of the most recent urine creatinine test done within 4 days prior to or after the urine albumin test. |
| 8 | ualbdt2 | Enter the date of the urine albumin or microalbumin test performed within 4 days of the urine creatinine test. | mm/dd/yyyy   |  | | --- | | <= ucreatdt2 – 4 days and <= ucreatdt2 + 4 days | | Enter the exact date of the most recent urine albumin or microalbumin test performed within 4 days of the urine creatinine test. |
| 9 | egfr | During the past year is there documentation in the medical record of an estimated glomerular filtration rate (eGFR)?  1. Yes  2. No | 1,2  If 2, auto-fill egfrdt as 99/99/9999 and go to statin as applicable | The estimated glomerular filtration rate (eGFR) provides an assessment of the filtering capacity of the kidney. The eGFR is calculated based on a blood (plasma or serum) test for creatinine.  The eGFR may be taken from the laboratory report or from results documented in a progress note.  **There must be a result present to select value “1” or yes.**  The eGFR may be reported as a numerical value or with cut points.  The eGFR is usually reported with a reference range.  **Example of lab report:**  12/23/2019 8:10 Plasma: eGFR result > 60 ( Ref: >=60)  Normal Reference Interval for informational purposes:  Male: 90.0 - 137.0 ml/min  Female: 90.0 – 128.0 ml/min  **Suggested Data Sources**: Laboratory report, Progress notes listing lab values, Lab results notification  **Cerner suggested data sources:** Results review and select lab extended, routine chemistry and sort by date range and group |
| 10 | egfrdt | Enter the date of the most recent eGFR. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if egfr = 2   |  | | --- | | <= 1 year prior to or = stdybeg and <= stdyend | | Look for the most recent eGFR test done in the past year.  Enter the exact date if possible. If exact date cannot be determined, enter month and year at a minimum. If the day cannot be determined, enter 01 for day. |
|  |  | **Statin Medication** |  |  |
| **If age >= 21 and <= 75 AND [(SELMI, SELPCI, or SELCABG = -1) OR (IVDENC1 OR IVDENC2 = 1) OR (DMFLAG = 1)] go to STATIN; else go to acerx** | | | | |
| 11 | statin | During the past year, was a statin medication prescribed for the patient?  1. Yes  2. No | 1,2  If 2, go to acerx as applicable | **HMG-CoA Reductase Inhibitors (Statins):** atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor, Altocor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo)  **Suggested data sources:** clinic notes, physician orders, medication refills |
| 12 | destatin | Designate the statin prescribed for the patient during the past year.  1. Atorvastatin  2. Fluvastatin  3. Lovastatin  4. Pravastatin  5. Rosuvastatin  6. Simvastatin  7. Pitavastatin  99. Unable to determine | 1,2,3,4,5,6,7,99  If 99, go to acerx as applicable | If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication.  If the actual name of the statin is not documented (e.g. physician notes, “patient on statin”), and the name of the statin is not found elsewhere in the record, enter “99.”  **HMG-CoA Reductase Inhibitors (Statins):**, atorvastatin calcium (Lipitor), fluvastatin sodium (Lescol), lovastatin (Mevacor) (Altocor), pravastatin sodium (Pravachol), rosuvastatin calcium (Crestor), simvastatin (Zocor), pitavastatin (Livalo) |
| 13 | statndos | Enter the most recent daily dose of the statin medication in milligrams. | \_\_ \_\_. \_\_  **Abstractor can enter zz.z**   |  | | --- | | > = 1 and < = 80 | | The intent is to determine the daily dose of the statin that the patient was prescribed (taking). For example, physician noted, “simvastatin 80 mg take ½ tablet daily.” Enter 40 mg as the daily dose.  If the daily dose is > 80 mg/day, enter 80.  If dose is not documented, abstractor can enter zz.z.  **Informational Only:** The following doses are considered at least moderate dose statin therapy:   * atorvastatin 10 mg/day or greater * fluvastatin 80 mg/day * lovastatin 40 mg/day or greater * pravastatin 40 mg/day or greater * rosuvastatin 5 mg/day or greater * simvastatin 20 mg/day or greater * pitavastatin 1 mg/day or greater |

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| **If selmi = -1, or DMFLAG = 1, or selpci = -1, or selcabg = -1, or selchf = -1, go to acerx; otherwise go out of Shared Module** | | | | |
|  |  | Blood Pressure Medications |  |  |
| 14 | acerx | At the most recent outpatient visit, was an angiotensin converting enzyme inhibitor (ACEI) included in the patient’s current medications?  Examples of ACEI medications include, but are not limited to:   * Benazepril hydrochloride * Enalapril maleate * Captopril * Fosinopril sodium * Lisinopril * Moexipril hydrochloride * Perindopril erbumine * Quinapril * Ramipril * Trandolapril * Combinations of ACEI with hydrochlorothiazide   1. Yes  2. No | 1,2  If 1, auto-fill aceinot as 95 arbrx as 95, and contrarb as 95 | “Included in the patient’s current medications” = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit. Question does not reference a new prescription. The patient can have been on an ACEI for many years.  **ACEI:** Angiotensin converting enzyme inhibitors: ACEIs may be described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors.  **For a more complete list of ACEI medications, refer to Table A, or a drug handbook.** |
| 15 | aceinot | Does the record document any of the following reasons for not prescribing an ACEI?  1. ACEI allergy  5. Moderate or severe aortic stenosis  95. Not applicable  97. Other reasons documented by a physician/APN/PA or pharmacist for not prescribing an ACEI  98. Patient refusal of ACE inhibitors documented by physician/APN/PA or pharmacist  99. No documented reason | 1,5,95,97,98,99  Will be auto-filled as 95 if acerx = 1 | Option Rules:  **1. ACEI allergy/sensitivity:** allergy/sensitivity documented regardless of type of reaction noted (e.g. “Allergies: ACEI – cough”); allergy/sensitivity to one ACEI is acceptable as an allergy to all ACEIs.  **5. Moderate or Severe Aortic Stenosis** (AS): Findings may be taken from diagnostic test reports. May be either current diagnosis or history of AS, without mention of repair, replacement, valvuloplasty, or commissurotomy.  **INCLUDE:** AS described as moderate, severe, 3+, 4+, critical or significant; degree of severity not specified; aortic valve area of less than 1.0 square cm; subaortic stenosis, moderate/severe, or degree of severity not specified  **EXCLUDE:** aortic insufficiency/regurgitation only; AS described as 1+ or 2+; AS using qualifiers: cannot exclude, cannot rule out, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious.  **97. Other reason(s) documented by a physician/APN/PA or pharmacist:**   * Must explicitly link the noted reason with non-prescription of an ACEI. * Should be considered implicit documentation for also not prescribing an ARB for the following five conditions **ONLY:** * Angioedema * Hyperkalemia * Hypotension * Renal artery stenosis * Worsening renal function/renal disease/dysfunction * **If the patient is on hydralazine and nitrates, and the record documents this drug therapy is a better option than ACEI or ARB for the patient, this documentation is acceptable as “other reason.”**   **98.** **Patient refusal:** Documentation by a physician/APN/PA or pharmacist that the patient refused ACEI medications or all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable. |
| 16 | arbrx | At the most recent outpatient visit, was an angiotensin II receptor antagonist (ARB or AIIRA) included in the patient’s current medications?  **Examples of ARB medications include, but are not limited to:**   * Azilsartan medoxomil * Candesartan cilexetil * Eprosartan * Irbesartan * Losartan potassium * Olmesartan medoxomil * Telmisartan * Valsartan * Combinations of ARB with hydrochlorothiazide   1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if acerx = 1  If 1, auto-fill contrarb as 95 | **Included in the current medications = patient was on this medication at the most recent outpatient visit or it was prescribed at the time of the visit.**  **ARB**: Angiotensin receptor blockers or angiotensin II receptor antagonists (AIIRA); ARBs may be described as RAS (renin-angiotensin system) or RAAS (renin-angiotensin-aldosterone system) blockers/inhibitors  **For a more complete list of ARB medications refer to Table A or a drug handbook.** |
| 17 | contrarb | Does the record document any of the following reasons for not prescribing an ARB?  1. ARB (AIIRA) allergy or sensitivity  2. Moderate or severe aortic stenosis  95. Not applicable   * + - 1. Other reasons documented by a physician, APN, PA, or pharmacist for not prescribing an ARB       2. Patient refusal of ARBs documented by physician/APN/PA or pharmacist   99. No documented reason | 1,2,95,97,98,99  Will be auto-filled as 95 if acerx = 1 or arbrx = 1 | Option Rules:  1. ARB (AIIRA) allergy/sensitivity: documented **allergy** or **sensitivity** counts regardless of type of reaction noted (e.g. “Allergies: ARB–cough”); allergy/sensitivity to one ARB is acceptable as allergy to all ARBs.  **2. Moderate or Severe Aortic Stenosis (AS):** Findings may be taken from diagnostic test reports. May be either current diagnosis or history of AS, without mention of repair, replacement, valvuloplasty, or commissurotomy.  **INCLUDE:** AS described as moderate, severe, 3+, 4+, critical or significant; degree of severity not specified; aortic valve area of less than 1.0 square cm; subaortic stenosis, moderate/severe, or degree of severity not specified  **EXCLUDE:** aortic insufficiency/regurgitation only; AS described as 1+ or 2+; AS using qualifiers: cannot exclude, cannot rule out, may have, may have had, may indicate, possible, suggestive of, suspect, or suspicious.  **97. Other reason(s) documented by a physician/APN/PA or pharmacist:**   * Must explicitly link the noted reason with non-prescription of an ARB. * Should be considered implicit documentation for also not prescribing an ACEI for the following five conditions **ONLY:** * Angioedema * Hyperkalemia * Hypotension * Renal artery stenosis * Worsening renal function/renal disease/dysfunction   **98.** **Patient refusal:** Documentation by a physician/APN/PA or pharmacist that the patient refused ARBs or refused all medications is acceptable. Documentation that the patient refused BP medications is NOT acceptable |

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| **TABLE A: Angiotensin Converting Enzyme Inhibitor (ACEI) & Angiotensin II Receptor Antagonist (ARB or AIIRA)** | |
| ACE Inhibitors (ACEI) Benazepril hydrochloride  Captopril  Enalapril maleate  Fosinopril sodium  Lisinopril  Moexipril hydrochloride  Perindopril erbumine  Quinapril  Ramipril  Trandolapril | Angiotensin II Receptor Antagonists (ARB) Azilsartan medoxomil  Candesartan cilexetil  Eprosartan  Irbesartan  Losartan potassium  Olmesartan medoxomil  Telmisartan  Valsartan |
| \*Fixed-dose Combinations Hydrochlorothiazide/Captopril  Hydrochlorothiazide/ Enalapril maleate  Hydrochlorothiazide/ Fosinopril sodium  Hydrochlorothiazide/Irbesartan  Hydrochlorothiazide/Lisinopril  Hydrochlorothiazide/Losartan potassium  Hydrochlorothiazide/Moexipril hydrochloride  Hydrochlorothiazide/Quinapril  Hydrochlorothiazide/Telmisartan  Hydrochlorothiazide/Olmesartan medoxomil  24 HR trandolapril/verapamil hydrochloride | \*Fixed-dose Combinations (cont’d) Amlodipine/Benazepril Hydrochloride  Amlodipine/Perindopril Arginine  Amlodipine/Telmisartan  Amlodipine/Hydrochlorothiazide/Valsartan  Amlodipine/Olmesartan/Medoxomil  Amlodipine/Hydrochlorothiazide/Olmesartan Medoxomil  Amlodipine/ Hydrochlorothiazide/ Valsartan  Azilsartan Medoxomil/Chlorthalidone  Benazepril HydrochlorideBenazepril Hydrochloride /Hydrochlorothiazide  Candesartan Cilexetil/Hydrochlorothiazide  Nebivolol/Valsartan  Sacubitril/Valsartan |