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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | Patient Identifiers |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN First Name  Last Name  Birth Date  Sex  Marital Status Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: **can change**  Auto-fill: no change  Auto-fill: no change |  |
|  |  | Administrative Data |  |  |
| 1 | depdx | During the timeframe from 10/01/2018 to 9/30/2019, did the patient have a documented diagnosis of major depression or dysthymia as evidenced by one of the following ICD-10-CM diagnosis codes:  **F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1**  1. Yes  2. No | 1,2  **If 2, go to end** | **Major depression or dysthymia diagnosis may be documented in any clinical setting.**  **Acceptable major depression or dysthymia ICD-10-CM diagnosis codes:**  **F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1** |

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| 2 | depopenc | During the timeframe from 10/01/2018 to 9/30/2019, did the patient have an outpatient encounter with documentation of an ICD-10-CM major depression or dysthymia diagnosis code **(F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)**   1. Yes 2. No | 1,2  **If 2, go to end** | Outpatient clinical encounter includes outpatient visits, home based visits, observation stay, and outpatient mental health treatment visits.  If the patient has a clinical encounter during the specified timeframe for major depression or dysthymia as evidenced by documentation of one of the specified ICD-10-CM diagnosis codes **(F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)**, answer “1.” |
| 3 | depdxdt | Enter the date of the earliest outpatient encounter with documentation of major depression or dysthymia diagnosis during the timeframe from 10/01/2018 to 9/30/2019. | mm/dd/yyyy   |  | | --- | | >= 10/01/2018 and <= 09/30/2019 | | Enter the date of the earliest outpatient encounter with documentation of major depression or dysthymia diagnosis during the specified timeframe.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 4 | bipoldx | During the timeframe from 10/01/2018 to 9/30/2019, did the patient have a documented diagnosis of bipolar or other bipolar disorder as evidenced by one of the following ICD-10-CM diagnosis codes:  **F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.2, F31.4, F31.5, F30.10, F30.11, F30.12, F30.13, F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.9, F31.81, F31.89**  1. Yes  2. No | 1,2  If 2, go to perdisdx | **Bipolar or other bipolar disorder diagnosis may be documented by a physician/APN/PA or psychologist in any clinical setting.**  **Diagnosis documented on a problem list must be validated by one of the listed providers in an inpatient or outpatient progress note.**  **Acceptable bipolar or other bipolar disorder ICD-10-CM diagnosis codes:**  **F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.2, F31.4, F31.5, F30.10, F30.11, F30.12, F30.13, F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.9, F31.81, F31.89** |

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| 5 | bipoldt | Enter the date of the earliest documentation of bipolar or other bipolar disorder diagnosis by a physician/APN/PA or psychologist during the timeframe from 10/01/2018 to 9/30/2019. | mm/dd/yyyy  If valid date, go to end   |  | | --- | | >= 10/01/2018 and <= 09/30/2019 | | Enter the date of the earliest documentation of bipolar or other bipolar disorder diagnosis by a physician/APN/PA or psychologist during the specified timeframe.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 6 | perdisdx | During the timeframe from (computer display 10/01/2018 to 9/30/2019), did the patient have a documented diagnosis of personality disorder as evidenced by one of the following ICD-10-CM diagnosis codes:  F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13  1. Yes  2. No | 1,2 If 2, go to psydisdx | **Personality disorder diagnosis may be documented by a physician/APN/PA or psychologist in any clinical setting.**  **Diagnosis documented on a problem list must be validated by one of the listed providers in an inpatient or outpatient progress note.**  **Acceptable personality disorder ICD-10-CM diagnosis codes:**  F34.0, F60.3, F60.4, F68.10, F68.11, F68.12, F68.13 |
| 7 | perdisdt | Enter the date of the earliest documentation of personality disorder diagnosis by a physician/APN/PA or psychologist during the timeframe from 10/01/2018 to 9/30/2019. | mm/dd/yyyy  If valid date, go to end   |  | | --- | | >= 10/01/2018 and <= 09/30/2019 | | Enter the date of the earliest documentation of personality disorder diagnosis by a physician/APN/PA or psychologist during the specified timeframe.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 8 | psydisdx | During the timeframe from (computer display 10/01/2018 to 9/30/2019), did the patient have a documented diagnosis of psychotic disorder as evidenced by one of the following ICD-10-CM diagnosis codes:  F23, F28, F20.0, F20.1, F20.2, F20.3, F20.5, F20.9, F25.0, F25.1, F25.8, F25.9, F20.81, F20.89  1. Yes  2. No | 1,2 If 2, go to autismdx | **Psychotic disorder diagnosis may be documented by a physician/APN/PA or psychologist in any clinical setting.**  **Diagnosis documented on a problem list must be validated by one of the listed providers in an inpatient or outpatient progress note.**  **Acceptable psychotic disorder ICD-10-CM diagnosis codes:**  F23, F28, F20.0, F20.1, F20.2, F20.3, F20.5, F20.9, F25.0, F25.1, F25.8, F25.9, F20.81, F20.89 |

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| 9 | psydisdt | Enter the date of the earliest documentation of psychotic disorder diagnosis by a physician/APN/PA or psychologist during the timeframe from 10/01/2018 to 9/30/2019. | mm/dd/yyyy  If valid date, go to end   |  | | --- | | >= 10/01/2018 and <= 09/30/2019 | | Enter the date of the earliest documentation of psychotic disorder diagnosis by a physician/APN/PA or psychologist during the specified timeframe.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 10 | autismdx | During the timeframe from (computer display 10/01/2018 to 9/30/2019), did the patient have a documented diagnosis of autism spectrum disorder as evidenced by one of the following ICD-10-CM diagnosis codes: F84.0, F84.3, F84.8, F84.9 1. Yes  2. No | 1,2 If 2, go to hospice | **Autism spectrum disorder diagnosis may be documented by a physician/APN/PA or psychologist in any clinical setting.**  **Diagnosis documented on a problem list must be validated by one of the listed providers in an inpatient or outpatient progress note.**  **Acceptable autism spectrum disorder ICD-10-CM diagnosis codes:** F84.0, F84.3, F84.8, F84.9 |
| 11 | autismdt | Enter the date of the earliest documentation of autism spectrum disorder diagnosis by a physician/APN/PA or psychologist during the timeframe from 10/01/2018 to 9/30/2019. | mm/dd/yyyy  If valid date, go to end   |  | | --- | | >= 10/01/2018 and <= 09/30/2019 | | Enter the date of the earliest documentation of autism spectrum disorder diagnosis by a physician/APN/PA or psychologist during the specified timeframe.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 12 | hospice | During the timeframe from 10/01/2018 to 9/30/2019, is there evidence the patient was enrolled in hospice?  1. Yes  2. No | 1,2 If 1, go to end | **Documentation must clearly indicate the patient was enrolled/admitted to hospice anytime during the specified timeframe.**  The hospice program may be VHA or Community-based.  **Exclude:** Comfort care, DNR, DNI, palliative care  **Suggested data sources**: consultations, progress notes |
| 13 | depenc1 | During the timeframe from 10/01/2018 through 1/31/2019, is there documentation of an outpatient clinical encounter with documentation of major depression or dysthymia diagnosis as evidenced by ICD-10-CM code (**F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)?**   1. Yes 2. No | 1,2  If 2, go to depenc2   |  | | --- | | **Hard edit**: If 2 and depdxdt >= 10/01/2018 and  <= 01/31/2019 | | Outpatient clinical encounter includes outpatient visits, home based visits, observation stay, and outpatient mental health treatment visits.  If the patient has an outpatient clinical encounter during the specified timeframe for major depression or dysthymia as evidenced by documentation of one of the specified ICD-10-CM diagnosis codes **(F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)**, answer “1.” |

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| 14 | depencdt1 | During the timeframe from 10/01/2018 through 1/31/2019, enter the date(s) of all outpatient encounters with documentation of major depression or dysthymia ICD-10-CM code (**F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1).** | mm/dd/yyyy   |  | | --- | | >= 10/01/2018 and  <= 01/31/2019 |   **Enter ALL dates** | **Review the medical record for outpatient encounters with documentation of major depression or dysthymia ICD-10-CM diagnosis code and enter the date(s) of all encounters during the specified timeframe.** |
| 15 | phq9p1 | During the timeframe from 10/01/2018 through 1/31/2019, is there documentation a Patient Health Questionnaire (PHQ-9) was completed?  1. Yes  2. No | 1,2 If 2, go to depenc2 | **Patient Health Questionnaire (PHQ-9) asks:**  Over the last 2 weeks, how often have you been bothered by any of the following problems?   1. Little interest or pleasure in doing things 2. Feeling down, depressed, or hopeless 3. Trouble falling asleep or staying asleep, or sleeping too much 4. Feeling tired or having little energy 5. Poor appetite or overeating 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down 7. Trouble concentrating on things, such as reading the newspaper or watching television 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual 9. Thought that you would be better off dead, or of hurting yourself in some way   10. If you checked off *any* problems, how *difficult* have these problems made it for you to do work, take care of things at home, or get along with other people?  **The PHQ-9 may be completed in person, by telephone or by televideo in an inpatient or outpatient setting. The total score for the PHQ-9 must be documented.** |
| 16 | phq9dt1 | Enter the date of the earliest PHQ-9 completed during the timeframe from 10/01/2018 through 1/31/2019. | mm/dd/yyyy   |  | | --- | | >= 10/01/2018 and <= 01/31/2019 | | **Enter the date of the earliest PHQ-9 completed during the specified timeframe.** |

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| 17 | depenc2 | During the timeframe from 2/01/2019 through 5/31/2019, is there documentation of an outpatient clinical encounter with documentation of major depression or dysthymia diagnosis as evidenced by ICD-10-CM code (**F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)?**   1. Yes 2. No | 1,2  If 2, go to depenc3   |  | | --- | | **Hard edit**: If 2 and depdxdt >= 02/01/2019 and  <= 05/31/2019 | | Outpatient clinical encounter includes outpatient visits, home based visits, observation stay, and outpatient mental health treatment visits.  If the patient has an outpatient clinical encounter during the specified timeframe for major depression or dysthymia as evidenced by documentation of one of the specified ICD-10-CM diagnosis codes **(F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)**, answer “1.” |
| 18 | depencdt2 | During the timeframe from 2/01/2019 through 5/31/2019, enter the date(s) of all outpatient encounters with documentation of major depression or dysthymia ICD-10-CM code (**F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1).** | mm/dd/yyyy   |  | | --- | | >= 02/01/2019 and <= 05/31/2019 |   **Enter ALL dates** | **Review the medical record for outpatient encounters with documentation of major depression or dysthymia ICD-10-CM diagnosis code and enter the date(s) of all encounters during the specified timeframe.** |

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| 19 | phq9p2 | During the timeframe from 2/01/2019 through 5/31/2019, is there documentation a Patient Health Questionnaire (PHQ-9) was completed?  1. Yes  2. No | 1,2  If 2, go to depenc3 | **Patient Health Questionnaire (PHQ-9) asks:**  Over the last 2 weeks, how often have you been bothered by any of the following problems?   1. Little interest or pleasure in doing things 2. Feeling down, depressed, or hopeless 3. Trouble falling asleep or staying asleep, or sleeping too much 4. Feeling tired or having little energy 5. Poor appetite or overeating 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down 7. Trouble concentrating on things, such as reading the newspaper or watching television 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual 9. Thought that you would be better off dead, or of hurting yourself in some way   10. If you checked off *any* problems, how *difficult* have these problems made it for you to do work, take care of things at home, or get along with other people?  **The PHQ-9 may be completed in person, by telephone or by televideo in an inpatient or outpatient setting. The total score for the PHQ-9 must be documented.** |
| 20 | phq9dt2 | Enter the date of the earliest PHQ-9 completed during the timeframe from 2/01/2019 through 5/31/2019. | mm/dd/yyyy   |  | | --- | | >= 02/01/2019 and <= 05/31/2019 | | **Enter the date of the earliest PHQ-9 completed during the specified timeframe.** |
| 21 | depenc3 | During the timeframe from 6/01/2019 through 9/30/2019, is there documentation of an outpatient clinical encounter with documentation of major depression or dysthymia diagnosis as evidenced by ICD-10-CM code (**F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)?**   1. Yes 2. No | 1,2 If 2, go to end  |  | | --- | | **Hard edit**: If 2 and depdxdt >= 06/01/2019 and <= 09/30/2019 | | Outpatient clinical encounter includes outpatient visits, home based visits, observation stay, and outpatient mental health treatment visits.  If the patient has an outpatient clinical encounter during the specified timeframe for major depression or dysthymia as evidenced by documentation of one of the specified ICD-10-CM diagnosis codes **(F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1)**, answer “1.” |

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| 22 | depencdt3 | During the timeframe from 6/01/2019 through 9/30/2019, enter the date(s) of all outpatient encounters with documentation of major depression or dysthymia ICD-10-CM code (**F32.0 - F32.5, F32.9, F33.0 - F33.3, F33.40 - F33.42, F33.9, F34.1).** | mm/dd/yyyy   |  | | --- | | >= 06/01/2019 and <= 09/30/2019 |   **Enter ALL dates** | **Review the medical record for outpatient encounters with documentation of major depression or dysthymia ICD-10-CM diagnosis code and enter the date(s) of all encounters during the specified timeframe.** |
| 23 | phq9p3 | During the timeframe from 6/01/2019 through 9/30/2019, is there documentation a Patient Health Questionnaire (PHQ-9) was completed?  1. Yes  2. No | 1,2 If 2, go to end | **Patient Health Questionnaire (PHQ-9) asks:**  Over the last 2 weeks, how often have you been bothered by any of the following problems?   1. Little interest or pleasure in doing things 2. Feeling down, depressed, or hopeless 3. Trouble falling asleep or staying asleep, or sleeping too much 4. Feeling tired or having little energy 5. Poor appetite or overeating 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down 7. Trouble concentrating on things, such as reading the newspaper or watching television 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual 9. Thought that you would be better off dead, or of hurting yourself in some way   10. If you checked off *any* problems, how *difficult* have these problems made it for you to do work, take care of things at home, or get along with other people?  **The PHQ-9 may be completed in person, by telephone or by televideo in an inpatient or outpatient setting. The total score for the PHQ-9 must be documented.** |
| 24 | phq9dt3 | Enter the date of the earliest PHQ-9 completed during the timeframe from 6/01/2019 through 9/30/2019. | mm/dd/yyyy   |  | | --- | | >= 06/01/2019 and <= 09/30/2019 | | **Enter the date of the earliest PHQ-9 completed during the specified timeframe.** |