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| --- | --- | --- | --- | --- |
|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Pre-fill  QI pre-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  FIN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE  ETHNICITY  COHORT  AGE | Patient SSN  FIN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Cohort  Age | Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: **can change**  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  *Age: calculation (depends on study timeframe)* |  |
|  |  | **Hospice** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | phospice | **Computer will prefill** the hospice encounter HCPCS code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric or  numeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the hospice encounter HCPCS code. |
| 2 | phospicedt | **Computer will prefill** the date of the hospice encounter. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2020 and <= 06/30/2022 | | **Computer will prefill** the hospice encounter date. |
| 3 | vhospice | On (computer display phospicedt), is there documentation of a hospice encounter in the medical record?   1. Yes 2. No | 1,2  If 1, go to lhosp1 | **Look for documentation on the date displayed for evidence of a hospice encounter or enrollment in a hospice program.**  **Acceptable:** Enrollment in a VHA or community-based hospice program  **Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, history and physical, physician order, problem list, progress notes |
| 4 | ohospice | During the time frame from 6/01/2020 through 06/30/2022, is there documentation in the medical record the patient had a hospice encounter or was enrolled in a hospice program?  1. Yes  2. No | 1, 2  If 2, go to pbnmtrn  as applicable | **Look for documentation during the specified time frame for evidence of a hospice encounter or enrollment in a hospice program.**  **Acceptable:** Enrollment in a VHA or community-based hospice program  **Unacceptable:** Enrollment in a VHA Palliative Care or HBPC program  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, physician order, problem list, progress notes |
| 5 | lhosp1  lhosp2  lhosp3  lhosp4  lhosp5  lhosp6  lhosp7  lhosp8  lhosp9 | Select the data source(s) where documentation of a hospice encounter/enrollment was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Physician order 7. Problem list 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lhosp9 <> - 1, go to pbnmtrn as applicable | Review all relevant data sources for documentation of a hospice encounter/enrollment and select all that apply. |
| 6 | olhosp | Enter the name of the other data source where documentation of a hospice encounter/enrollment was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of hospice encounter was found in the medical record. |
|  |  | **Bone Marrow Transplant** |  |  |
| 7 | pbnmtrn | **Computer will prefill** the bone marrow transplant ICD-10 procedure code. | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the bone marrow transplant ICD-10 procedure code. |
| 8 | pbnmtrndt | **Computer will prefill** the date associated with the bone marrow transplant procedure code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the bone marrow transplant procedure code. |
| 9 | vbnmtrn | On (computer display pbnmtrndt), is there documentation of a bone marrow transplant procedure in the medical record?   1. Yes   2. No | 1,2  If 1, go to 1bnmtrn1 | Look for documentation on the date displayed for evidence of a bone marrow transplant procedure.  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 10 | obnmtrn | During the time frame from 6/01/2021 through 06/30/2022, is there documentation of a bone marrow transplant procedure in the medical record?  1. Yes  2. No | 1, 2  If 2, go to pchemoenc  as applicable | **Look for documentation during the specified time frame for evidence of a bone marrow transplant procedure.**  **Suggested Data Sources:** community (non-VHA) provider note,  **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 11 | lbnmtrn1  lbnmtrn2  lbnmtrn3  lbnmtrn4  lbnmtrn5  lbnmtrn6  lbnmtrn7  lbnmtrn8  lbnmtrn9 | Select the data source(s) where documentation of a bone marrow transplant procedure was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lbnmtrn9 <> - 1, go to pchemoenc as applicable | Review all relevant data sources for documentation of a bone marrow transplant procedure and select all sources that apply. |
| 12 | olbnmtrn | Enter the name of the other data source where documentation of a bone marrow transplant procedure was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of bone marrow transplant was found in the medical record. |

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|  |  | **Chemotherapy Encounter or Procedure** |  |  |
| 13 | pchemoenc | **Computer will prefill** the chemotherapy ICD-10-CM encounter code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the chemotherapy ICD-10 encounter code. |
| 14 | pchemodt | **Computer will prefill** the date associated with the chemotherapy encounter code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the chemotherapy encounter code. |
| 15 | vchemoenc | On (computer display pchemodt), is there documentation of a chemotherapy encounter in the medical record?   1. Yes   2. No | 1,2  If 1, go to lchemo1 | **Look for documentation on the date displayed for evidence of a chemotherapy encounter.**  Chemotherapy encounters includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy.  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, health factors, history and physical, problem list, procedure note, progress notes |
| 16 | ochemoenc | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a chemotherapy encounter?  1. Yes  2. No | 1, 2  If 2, go to pchempx  as applicable | **Look for documentation during the specified time frame for evidence of chemotherapy encounter.**  Chemotherapy encounters includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy.  **Suggested Data Sources:** community (non-VHA) provider note,  **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 17 | lchemo1  lchemo2  lchemo3  lchemo4  lchemo5  lchemo6  lchemo7  lchemo8  lchemo9 | Select the data source(s) where documentation of a chemotherapy encounter was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lchemo9 <> - 1, go to pchempx as applicable | Review all relevant data sources for documentation of a chemotherapy encounter and select all sources that apply. |
| 18 | ochemo | Enter the name of the other data source where documentation of a chemotherapy encounter was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of a chemotherapy encounter was found in the medical record. |
| 19 | pchempx | **Computer will prefill** the chemotherapy CPT procedure code or SNOMED CT code. | \_\_ \_\_ \_\_ \_\_ \_\_  Numeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the chemotherapy CPT procedure code or SNOMED CT code. |
| 20 | pchempxdt | **Computer will prefill** the date associated with the chemotherapy procedure code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the chemotherapy procedure code. |
| 21 | vchemopx | On (computer display pchempxdt), is there documentation of a chemotherapy procedure in the medical record?   1. Yes   2. No | 1,2  If 1, go to lchempx1 | **Look for documentation on the date displayed for evidence of a chemotherapy procedure.**  Chemotherapy procedures includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy.  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 22 | ochempx | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a chemotherapy procedure?  1. Yes  2. No | 1, 2  If 2, go to pimcomp  as applicable | **Look for documentation during the specified time frame for evidence of chemotherapy procedure.**  Chemotherapy procedures includes antineoplastic chemotherapy, antineoplastic immunotherapy, or antineoplastic radiation therapy.  **Suggested Data Sources:** community (non-VHA) provider note,  **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 23 | lchempx1  lchempx2  lchempx3  lchempx4  lchempx5  lchempx6  lchempx7  lchempx8  lchempx9 | Select the data source(s) where documentation of a chemotherapy procedure was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lchempx9 <> - 1, go to pimcomp as  applicable | Review all relevant data sources for documentation of a chemotherapy procedure and select all sources that apply. |
| 24 | ochemopx | Enter the name of the other data source where documentation of a chemotherapy procedure was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of a chemotherapy procedure was found in the medical record. |
|  |  | **Immunocompromising Condition** |  |  |
| 25 | pimcomp | **Computer will prefill** the immunocompromising condition ICD-10-CM diagnosis code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the immunocompromising condition ICD-10-CM diagnosis code. |
| 26 | pimcompdt | **Computer will prefill** the date associated with the immunocompromising condition ICD-10-CM code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | > BIRTHDT and <= 06/30/2022 | | **Computer will prefill** the date associated with the immunocompromising condition ICD-10-CM diagnosis code. |
| 27 | vimcomp | On (computer display pimcompdt), is there documentation of an immunocompromising condition in the medical record?   1. Yes   2. No | 1,2  If 1, go to limcomp1 | **Look for documentation on the date displayed for evidence of an immunocompromising condition.**   * **Immunocompromising conditions may include but are not limited to:** immunoglobulin deficiencies, antibody deficiencies, other specified immune-deficiencies, graft-versus-host disease, end stage renal disease, organ transplants, and transplant rejection/failure. * Refer to Table 1-Immunocompromising Conditions.   **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, progress notes |
| 28 | oimcomp | At any time during the patient’s history through 06/30/2022, is there documentation in the medical record the patient had an immunocompromising condition?  1. Yes  2. No | 1, 2  If 2, go to pasplen  as applicable | **Look for documentation during the specified time frame for evidence of an immunocompromising condition.**   * **Immunocompromising conditions may include but are not limited to:** immunoglobulin deficiencies, antibody deficiencies, other specified immune-deficiencies, graft-versus-host disease, end stage renal disease, organ transplants, and transplant rejection/failure. * Refer to Table 1-Immunocompromising Conditions.   **Suggested Data Sources:** community (non-VHA) provider note,  **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure, note, progress notes |
| 29 | limcomp1  limcomp2  limcomp3  limcomp4  limcomp5  limcomp6  limcomp7  limcomp8  limcomp9 | Select the data source(s) where documentation of an immunocompromising condition was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If limcomp9 <> - 1, go to paslpen as applicable | Review all relevant data sources for documentation of an immunocompromising condition and select all sources that apply. |
| 30 | olimcomp | Enter the name of the other data source where documentation of an immunocompromising condition was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of an immunocompromising condition was found in the medical record. |

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|  |  | **Asplenia** |  |  |
| 31 | pasplen | **Computer will prefill** the anatomic or functional asplenia ICD-10-CM diagnosis code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the anatomic or functional asplenia ICD-10-CM diagnosis code. |
| 32 | pasplendt | **Computer will prefill** the date associated with the anatomic or functional asplenia ICD-10-CM diagnosis code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the anatomic or functional asplenia ICD-10-CM diagnosis code. |
| 33 | vasplen | On (computer display pasplendt), is there documentation of anatomic or functional asplenia in the medical record?   1. Yes   2. No | 1,2  If 1, go to 1asplen1 | **Look for documentation on the date displayed for evidence of anatomic or functional asplenia.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 34 | oasplen | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had anatomic or functional asplenia?  1. Yes  2. No | 1, 2  If 2, go to psickle  as applicable | **Look for documentation during the specified time frame for evidence of anatomic or functional asplenia.**  **Suggested Data Sources:** community (non-VHA) provider note,  **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 35 | lasplen1  lasplen2  lasplen3  lasplen4  lasplen5  lasplen6  lasplen7  lasplen8  lasplen9 | Select the data source(s) where documentation of anatomic or functional asplenia was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lasplen9 <> - 1, go to psickle as applicable | Review all relevant data sources for documentation of anatomic or functional asplenia and select all sources that apply. |
| 36 | olasplen | Enter the name of the other data source where documentation of anatomic or functional asplenia was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of anatomic or functional asplenia was found in the medical record. |
|  |  | **Sickle Cell Disease** |  |  |
| 37 | psickle | **Computer will prefill** the Sickle cell or HB-S disease ICD-10-CM diagnosis code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the Sickle cell or HB-S disease ICD-10-CM diagnosis code. |
| 38 | psickledt | **Computer will prefill** the date associated with the Sickle cell or HB-S disease ICD-10-CM diagnosis code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | > BIRTHDT and <= 06/30/2022 | | **Computer will prefill** the date associated with the Sickle cell or HB-S disease ICD-10-CM diagnosis code. |
| 39 | vsickle | On (computer display psickledt), is there documentation of Sickle cell or HB-S disease in the medical record?   1. Yes   2. No | 1,2  If 1, go to lsickle1 | **Look for documentation on the date displayed for evidence of sickle cell or HB-S disease in the medical record.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 40 | osickle | At any time during the patient’s history through 06/30/2022, is there documentation in the medical record the patient had Sickle cell or HB-S?  1. Yes  2. No | 1, 2  If 2, go to pcsfl  as applicable | **Look for documentation during the specified time frame for evidence for documentation of Sickle cell or HB-S disease.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 41 | lsickle1  lsickle2  lsickle3  lsickle4  lsickle5  lsickle6  lsickle7  lsickle8  lsickle9 | Select the data source(s) where documentation of Sickle cell or HB-S disease was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lsickle9 <> - 1, go to pcsfl as applicable | Review all relevant data sources for documentation Sickle cell or HB-S disease and select all sources that apply. |
| 42 | olsickle | Enter the name of the other data source where documentation of Sickle cell or HB-S disease was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of Sickle cell or HB-S disease was found in the medical record. |

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|  |  | **Cerebrospinal Fluid Leak** |  |  |
| 43 | pcsfl | **Computer will prefill** the cerebrospinal fluid leak ICD-10-CM diagnosis code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the cerebrospinal fluid (CSF) leak ICD-10-CM diagnosis code. |
| 44 | pcsfldt | **Computer will prefill** the date associated with the cerebrospinal fluid leak ICD-10-CM code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with CSF ICD-10-CM code. |
| 45 | vcsfl | On (computer display pcsfldt), is there documentation that the patient had a cerebrospinal fluid (CSF) leak?   1. Yes   2. No | 1,2  If 1, go to lcsfl1 | **Look for documentation on the date displayed for evidence that the patient had a CSF leak.**  **Documentation of an acute (current) CSF leak or history of CSF leak is acceptable**.  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 46 | ocsfl | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a CSF leak?  1. Yes  2. No | 1, 2  If 2, go to pcocimp  as applicable | **Look for documentation on the date displayed for evidence that the patient had a CSF leak.**  **Documentation of an acute (current) CSF leak or history of CSF leak is acceptable**.  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 47 | lcsfl1  lcsfl2  lcsfl3  lcsfl4  lcsfl5  lcsfl6  lcsfl7  lcsfl8  lcsfl9 | Select the data source(s) where documentation of a CSF leak was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lcsfl9 <> - 1, go to pcocimp as applicable | Review all relevant data sources for documentation of a CSF leak and select all sources that apply. |
| 48 | olcsfl | Enter the name of the other data source where documentation of a CSF leak was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of a CSF leak was found. |
|  |  | **Cochlear Implant** |  |  |
| 49 | pcocimp | **Computer will prefill** the cochlear implant  ICD-10-CM diagnosis code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the cochlear implant ICD-10-CM diagnosis code. |
| 50 | pcocimpdt | **Computer will prefill** the date associated with the cochlear implant ICD-10-CM diagnosis code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the cochlear implant ICD-10-CM diagnosis code. |
| 51 | vcocimp | On (computer display pcocimpdt), is there documentation that the patient had a cochlear implant?   1. Yes   2. No | 1,2  If 1, go to 1cocimp1 | **Look for documentation on the date displayed for evidence that the patient had a cochlear implant.**  **Documentation that the patient had a cochlear implant on the displayed date or history of a cochlear implant is acceptable.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 52 | ococimp | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a cochlear implant?  1. Yes  2. No | 1, 2  If 2, go to pcid  as applicable | **Look for documentation during the specified time frame that the patient had a cochlear implant.**  **Documentation that the patient had a cochlear implant on the displayed date or history of a cochlear implant is acceptable.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 53 | lcocimp1  lcocimp2  lcocimp3  lcocimp4  lcocimp5  lcocimp6  lcocimp7  lcocimp8  lcocimp9 | Select the data source(s) where documentation of a cochlear implant was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lcocimp9 <> - 1, go to pcid as applicable | Review all relevant data sources for documentation of a cochlear implant and select all sources that apply. |
| 54 | olcocimp | Enter the name of the other data source where documentation of a cochlear implant was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of a cochlear implant was found in the medical record. |
| 55 | pcid | **Computer will prefill** the cochlear implant device or system CPT or HCPCS code. | \_\_ \_\_ \_\_ \_\_ \_\_  Alphanumeric or  numeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** the cochlear implant device or system CPT or HCPCS code. |
| 56 | pciddt | **Computer will prefill** the date associated with the cochlear implant device or system CPT or HCPCS code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the cochlear implant device or system CPT or HCPCS code. |
| 57 | vcid | On (computer display pciddt), is there documentation that the patient had a cochlear implant device or system?   1. Yes   2. No | 1,2  If 1, go to 1cid1 | **Look for documentation on the date displayed for evidence that the patient had a cochlear implant device or system.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, discharge summary, health factors, history and physical, problem list, procedure note, progress notes |
| 58 | ocid | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient had a cochlear implant device or system?  1. Yes  2. No | 1, 2  If 2, go to pflucvx  as applicable | **Look for documentation during the specified time frame that the patient had a cochlear implant device or system.**  **Suggested Data Sources:** community (non-VHA) provider note, **c**onsultation notes, history and physical, problem list, procedure note, progress notes |
| 59 | lcid1  lcid2  lcid3  lcid4  lcid5  lcid6  lcid7  lcid8  lcid9 | Select the data source(s) where documentation of a cochlear implant device or system was found.  **Select all that apply:**   1. Community (non-VHA) provider note 2. Consultation note 3. Discharge summary 4. Health factors 5. History and physical 6. Problem list 7. Procedure note 8. Progress note 9. Other | 1,2,3,4,5,6,7,8,9  If lcid9 <> - 1, go to pflucvx as applicable | Review all relevant data sources for documentation of a cochlear implant device or system and select all sources that apply. |
| 60 | olcid | Enter the name of the other data source where documentation of a cochlear implant device or system was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of a cochlear implant device or system was found in the medical record. |
|  |  | **Influenza Vaccination** |  |  |
| 61 | pflucvx | **Computer will prefill** the influenza immunization CVX code. | \_\_ \_\_ \_\_  Numeric values  **Computer will prefill;**  **cannot modify** | **Computer will prefill** influenza immunization CVX code. |
| 62 | pflucvxdt | **Computer will prefill** the date associated with the influenza immunization CVX code. | mm/dd/yyyy  **Computer will prefill;**  **cannot modify**   |  | | --- | | >= 06/01/2021 and <= 06/30/2022 | | **Computer will prefill** the date associated with the influenza immunization CVX code. |
| 63 | vflucvx | On (computer display pflucvxdt), is there documentation the patient received an influenza vaccination?   1. Yes   2. No | 1,2  If 1, go to allerflu | **Look for documentation on the date displayed for evidence the patient received an influenza vaccination.**  **Vaccine information in the immunization summary must be verified in a vaccine administration note.**  **Suggested data sources**: BCMA, immunization summary, nurses note, progress note |
| 64 | ofluvax | During the time frame from 6/01/2021 through 06/30/2022, is there documentation in the medical record the patient received an influenza vaccination?  1. Yes  2. No | 1, 2  If 2, go to allerflu | **Look for documentation during the specified time frame for evidence the patient received an influenza vaccination.**  Vaccine information in the immunization summary must be verified in a vaccine administration note.  **Suggested data sources**: BCMA, immunization summary, nurses note, progress note |
| 65 | fluvacdt | Enter the date influenza immunization was administered. | mm/dd/yyyy   |  | | --- | | > = 6/01/2021 and  < = 6/30/2022 | | Enter the exact date the influenza immunization was administered. |
| 66 | allerflu | Is one of the following documented in the medical record?   * Previous severe allergic reaction to any component of the influenza vaccine, or after a previous dose of any influenza vaccine * History of Guillain-Barre Syndrome   1. Yes  2. No | 1,2  If 2, go to end | Severe allergic reaction to any influenza vaccine component must be documented in the medical record. Notation does not have to state “anaphylactic.”   * A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine. * Signs of a severe allergic reaction can include: difficulty breathing, hoarseness or wheezing, swelling around the eyes or lips, hives, paleness, weakness, fast heart beat or dizziness. * History of an allergy to eggs is no longer a contraindication to receiving the vaccine. * History of Guillain-Barre Syndrome - may be anytime in the patient’s history and must be documented in the medical record.   **Suggested data sources**: Adverse/allergy reaction note, cover sheet, community (non-VHA) provider note, consultation note, health factors, pharmacy note, problem list, procedure note, progress note |
| 67 | lallerflu1  lallerflu2  lallerflu3  lallerflu4  lallerflu5  lallerflu6  lallerflu7  lallerflu8  lallerflu9  lallerflu10  lallerflu11 | Select the data source(s) where documentation of a contraindication (i.e., previous severe allergic reaction to influenza vaccine or history of Guillain-Barre Syndrome) to influenza vaccination was found.  **Select all that apply:**   1. Adverse/allergy reaction note 2. Cover sheet 3. Community (non-VHA) provider note 4. Consultation note 5. Discharge summary 6. Health factors 7. Pharmacy note 8. Problem list 9. Procedure note 10. Progress note 11. Other | 1,2,3,4,5,6,7,8,9,  10,11  If lallerflu11 <> - 1, go to end | Review all relevant data sources for documentation of a contraindication (i.e., previous severe allergic reaction to influenza vaccine or history of Guillain-Barre Syndrome) to influenza vaccination and select all sources that apply. |
| 68 | olallerflu | Enter the name of the other data source where documentation of a contraindication to influenza vaccination was found.   |  | | --- | |  | | Text box | Enter the other data source where documentation of a contraindication to influenza vaccination was found was found in the medical record. |