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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  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE  ETHNICITY  AGE | Patient SSN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Age | 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  If valmsenc =1, calculate age at msencdt, else if valmsenc = 2, calculate age at msencdt2 |  |
| 1 | msencdt | Computer will pre-fill the date of the earliest outpatient Neurology, Physical Medicine & Rehabilitation (PM&R) or Spinal Cord Injury (SCI) encounter during the time frame from 10/01/2020 to 09/30/2021. | mm/dd/yyyy  **Computer will pre-fill, cannot be modified**   |  | | --- | | >= 10/01/2020 and <=09/30/2021 | | Computer will pre-fill the date of the **earliest** outpatient encounter with Neurology, Physical Medicine and Rehabilitation (PM&R) or Spinal Cord Injury (SCI) provider during the specified time frame. |

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| 2 | valmsenc | On (computer to display msencdt) is there documentation of an outpatient Neurology, PM&R or SCI encounter with a Physician/APN/PA.  1. Yes  2. No | 1,2  If 2, go to msencdt2 | An outpatient encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities * Community Living Center (CLC), acute inpatient, and acute care inpatient visits |
| 3 | clinspec | Indicate the clinic specialty for the encounter on (computer to display msencdt).   1. Neurology 2. Physical Medicine and Rehabilitation (PM&R) 3. Spinal Cord Injury (SCI) 4. None of the above | 1,2,3,99  If 99, go to msencdt2 | Please review the provider note on the specified encounter date and indicate the provider that saw the patient for a diagnosis of Multiple Sclerosis (MS). |

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| 4 | msdx | Enter the Multiple Sclerosis (MS) ICD-10-CM diagnosis code documented in the record for the encounter on (computer display msencdt). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_  **Pre-filled: can be modified**  ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)  Abstractor can enter xxx.xxxx  If valid or xxx.xxxx, go to neuromsdx   |  | | --- | | **Cannot enter 000.0000, 123.4567, or 999.9999** | | **Verify the** **pre-filled Multiple Sclerosis (MS) ICD-10-CM diagnosis code is documented in the record.**  **The MS ICD-10-CM code may be the primary or secondary code.**  **The MS ICD-10-CM diagnosis code is G35**   * If the pre-filled diagnosis code does not match the diagnosis found in the medical record enter xxx.xxxx. * **Do NOT change the MS diagnosis code unless the MS diagnosis code documented in the record is not the code displayed in the software.**   G35 Multiple Sclerosis includes:   * Disseminated multiple sclerosis * Generalized multiple sclerosis * Multiple sclerosis NOS * Multiple sclerosis of brain stem * Multiple sclerosis of cord |

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| 5 | msencdt2 | During the timeframe from 10/01/2020 to 09/30/2021, enter the date of the earliest outpatient neurology, PM&R or SCI encounter with a Physician/APN/PA at this facility. | mm/dd/yyyy   |  | | --- | | >= 10/01/2020 and <= 09/30/2021 |   Abstractor may enter 99/99/9999  **If 99/99/9999, the case is excluded** | **Enter the exact date of the earliest neurology, PM&R or SCI outpatient encounter during the specified timeframe.** The specified encounter must be with a Physician/APN/PA.  If there are multiple encounters on the same date, neurology encounters take priority over other encounters.  **An outpatient Neurology encounter may include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities * Community Living Center (CLC), acute inpatient, and acute care inpatient visits   **If there is no VA outpatient Neurology, PM&R or SCI encounter in the specified timeframe, enter 99/99/9999.**  **Suggested data sources**: Neurology, PM&R, or SCI clinic or tele-video notes  **Continued on next page**  **Outpt encounter cont’d**  **Exclusion Statement:** Although the sample information indicated the patient had a neurology, PM&R or SCI outpatient encounter, medical record documentation did not find an encounter within the specified time frame. |
| 6 | clinspec2 | Indicate the clinic specialty for the encounter on (computer to display msencdt2).   1. Neurology 2. Physical Medicine and Rehabilitation (PM&R) 3. Spinal Cord Injury (SCI)   99. None of the above | 1,2,3,99 | Please review the provider note on the specified encounter date and indicate the provider that saw the patient for a diagnosis of Multiple Sclerosis (MS). |
| 7 | msdx2  msdxoth1  msdxoth2  msdxoth3  msdxoth4  msdxoth5 | Enter the Multiple Sclerosis (MS) ICD-10-CM diagnosis code and other ICD-10-CM diagnosis  codes documented in the record for the encounter on (computer display msencdt2). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_  ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)  Abstractor can enter xxx.xxxx  May enter up to six codes   |  | | --- | | **Cannot enter 000.0000, 123.4567, or 999.9999** | | **The MS ICD-10-CM code is G35. The code may be a primary or secondary code.** **Enter all diagnosis codes documented on the date of the encounter.**  G35 Multiple Sclerosis includes:   * Disseminated multiple sclerosis * Generalized multiple sclerosis * Multiple sclerosis NOS * Multiple sclerosis of brain stem * Multiple sclerosis of cord   **If no other diagnosis codes are found in the record, enter xxx.xxxx.** |

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| 8 | neuromsdx | On (If valmsenc =1, computer display msencdt, else display msencdt2) did the Physician/APN/PA document the patient had a diagnosis of Multiple Sclerosis (MS)?  1. Yes  2. No | 1,2  If 2, go to subtypms1 | **Look for documentation that the Physician/APN/PA clearly stated the diagnosis of Multiple Sclerosis (MS) in the progress note on the date of the encounter.**  If MS is documented in the notes, select value “1”.  Documentation may include terms such as:   * “Definite MS” * “Diagnosed with MS” * “Confirmed Diagnosis of MS” * “Diagnosis Confirmed” * “Diagnosed as MS and Meets McDonald"   **Note:** The McDonald Criteria enable more rapid diagnosis of MS to permit earlier treatment of MS.  If there is no documentation of MS diagnosis in the Physician/APN/PA note on the date of the encounter, select value “2”. |
| 9 | msproblst | On (If valmsenc =1, computer display msencdt, else display msencdt2) is a diagnosis of Multiple Sclerosis (MS) documented on the Problem list?   1. Yes 2. No | 1,2 | **Only review the Problem list.**  **The Multiple Sclerosis (MS) G35 diagnosis documented on the problem list may include the following:**   * **Disseminated multiple sclerosis** * **Generalized multiple sclerosis** * **Multiple sclerosis NOS** * **Multiple sclerosis of brain stem** * **Multiple sclerosis of cord**   If the diagnosis of Multiple Sclerosis (MS) is on the problem list select value “1”, otherwise select value “2”. |

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| 10 | subtypms1  subtypms2  subtypms3  subtypms4  subtypms5  subtypms99 | Select all subtype(s) of Multiple Sclerosis (MS) documented by the Physician/APN/PA in the **encounter note** on (If valmsenc =1, computer display msencdt, else display msencdt2).  **Select all that apply:**   1. Relapsing Remitting (RR) MS 2. Secondary Progressive (SP) MS 3. Primary Progressive (PP) MS 4. Progressive MS 5. Relapsing MS   99. Not documented | 1,2,3,4,5,99  Cannot select 99 with any other value | **Select all subtypes that are documented in the Physician/APN/PA progress note on the date of the encounter.**   * Subtypes may be documented as abbreviations (RRMS, SPMS, or PPMS) and as active or inactive conditions.   **For example**, PA progress note documentation states “RRMS and PPMS”, select value “1” Relapsing Remitting (RR) MS and value “3” Primary Progressive (PP) MS for the documented abbreviations   * Select all subtypes whether they are documented as active or inactive in the notes.   **For example**, Neurology progress notes states “Inactive Progressive MS”, select value “4” or "Active relapsing MS", select value “5”.   * If any documentation is present of a MS subtype in the physician/APN/PA note, select the corresponding value. * If there is no subtype documented in the progress note, select value “99”. |

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| 11 | subsnmd | In the Physician/APN/PA **encounter note**, on (If valmsenc =1, computer display msencdt, else display msencdt2), are anySNOMED**/**ICD-10 CM diagnosis code(s) for any subtype(s) of Multiple Sclerosis (MS) present in the note?  1.Yes  2.No | 1,2 | **Look for documentation of any MS subtype(s) with SNOMED code/G35 ICD-10 CM diagnosis code in the encounter note.** **If any MS subtype SNOMED code is listed in the encounter note select value “1”.**  MS subtype SNOMED codes that may appear in the encounter note could include any of the following:   * **SNOMED Code 426373005:** Relapsing-remitting multiple sclerosis * **SNOMED Code 428700003:** Primary progressive multiple sclerosis * **SNOMED Code 425500002:** Secondary progressive multiple sclerosis |
| 12 | subproblst | On (If valmsenc =1, computer display msencdt, else display msencdt2) is the subtype(s) of Multiple Sclerosis (MS) documented on the **Problem list**?   1. Yes 2. No | 1,2 | **Only review the Problem list** **for documentation of subtype(s) of Multiple Sclerosis.**  **MS subtypes include the following:**   * Relapsing Remitting (RR) MS * Secondary Progressive (SP) MS * Primary Progressive (PP) MS * Progressive MS * Relapsing MS   If any documentation of the MS subtype is noted on the problem list, select value “1”.  **Examples of subtype(s) documentation on the Problem list include the following:**  Relapsing remitting (426373005)  Secondary progressive (425500002)  Primary progressive (428700003)  Neuromyelitis optica (25044007) |

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| 13 | msdmt | On (If valmsenc =1, computer display msencdt, else display msencdt2) did the Physician/APN/PA document any comment or discussion of Multiple Sclerosis (MS) Disease Modifying Therapies (DMT)?   1. Yes 2. No | 1,2 | **Multiple Sclerosis (MS) Disease Modifying Therapies (DMT) are often documented in the plan of care and are** **long term drug therapy.**  Refer to Table 1 for a reference list of FDA approved disease modifying therapies for MS.  Select value “1” for any documented discussion of DMT related to the treatment for MS.  **Documentation of DMT discussion may include, but is not limited to any of the following:**   * Adherence to prescribed medications (i.e., discussion of MS medication therapy for MS and any notation of compliance or non-compliance with MS medications) * Discussion of medication side effects (e.g., “patient reports no nausea or weight loss with Avonex”) * Tolerance of DMT for MS (e.g., patient not tolerating dimethyl fumarate, d/c and order 7mg teriflunomide PO”) * Desire to stop DMT or documentation indicating that the patient wants to try a different DMT * Documentation stating DMT is “appropriate,” “not appropriate,” or “going well” is acceptable |