

**CATNUM**

Sample category  
 16. AMI - Outpatient visit  
 36. SCI Dx  
 48. Female, age 20-69  
 50. Random Sample  
 51. Random Sample MH  
 54. Frail/Elderly  
 60. DM Outpatient  
 61. Inpatient SC  
 68. Contract CBOC

**FEFLAG** (rcvd on pull list)  
 FE case flagged for CGPI  
 review / scoring?  
 0. No  
 1. Yes

**REVSTAT**

REVIEW STATUS (not abstracted)  
 0. Abstraction has not begun  
 1. Abstraction in progress  
 2. Abstraction completed w/o errors  
 3. TVG failure (exclusion)  
 4. Record contains missing required answers (error record)  
 5. Administrative exclusion from all measures

**MODSEVCI** (MH)

Within the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?  
 1. Yes  
 2. No

**COGSCOR** (MH)

What was the outcome of the screen for cognitive impairment?  
 4. Score indicated mild cognitive impairment  
 5. Score indicated moderate to severe impairment  
 6. Score indicated no cognitive impairment  
 95. Not applicable  
 99. No score documented in the record or unable to determine outcome

**DEMENTDX** (MH)

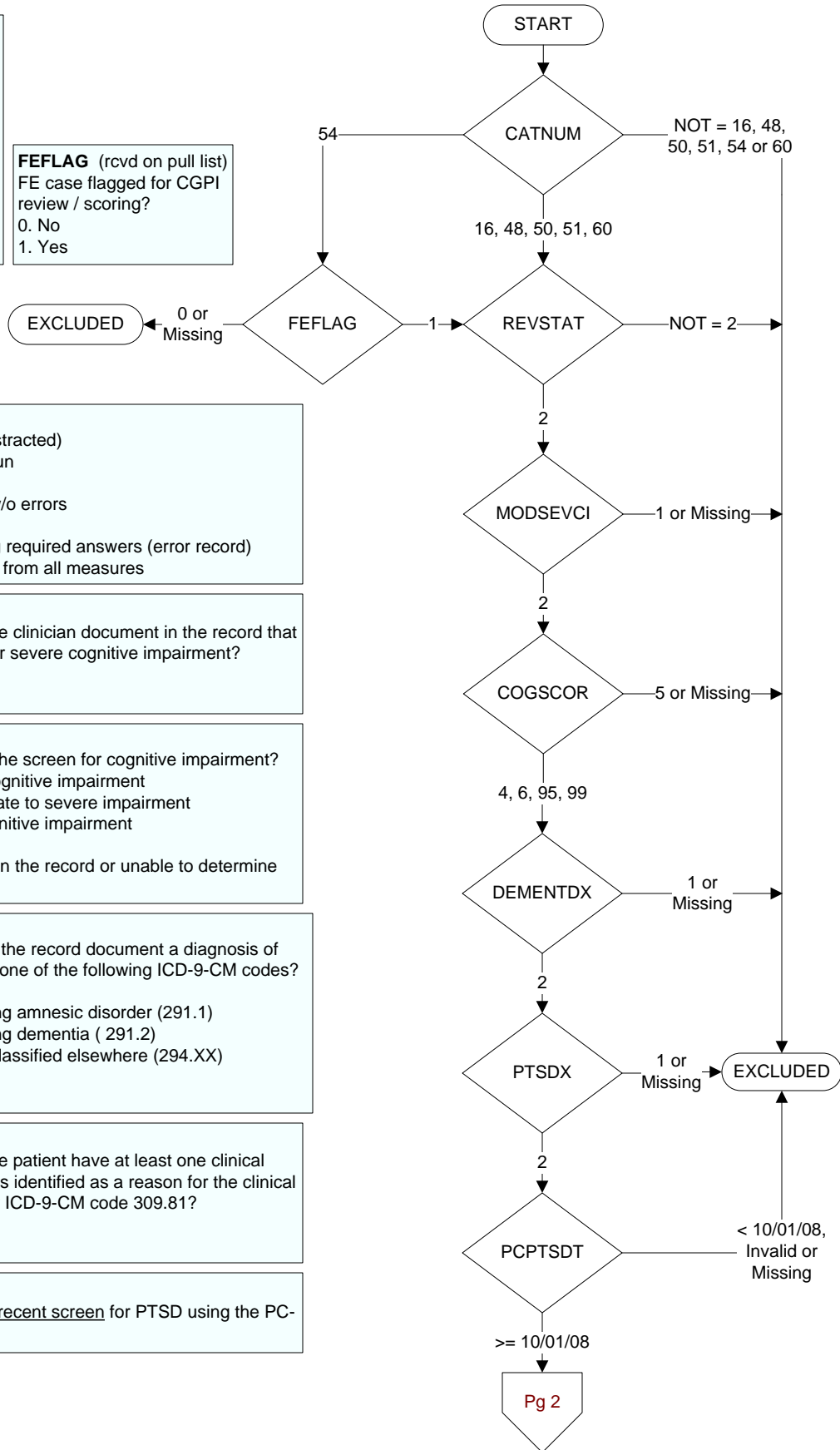
During the past year, does the record document a diagnosis of dementia as evidenced by one of the following ICD-9-CM codes?  
 -- Dementia (290.XX)  
 -- Alcohol-induced persisting amnesic disorder (291.1)  
 -- Alcohol-induced persisting dementia ( 291.2)  
 -- Dementia in conditions classified elsewhere (294.XX)  
 1. Yes  
 2. No

**PTSDX** (MH)

Within the past year, did the patient have at least one clinical encounter where PTSD was identified as a reason for the clinical encounter as evidenced by ICD-9-CM code 309.81?  
 1 = Yes  
 2 = No

**PCPTSDT** (MH)

Enter the date of the most recent screen for PTSD using the PC-PTSD.



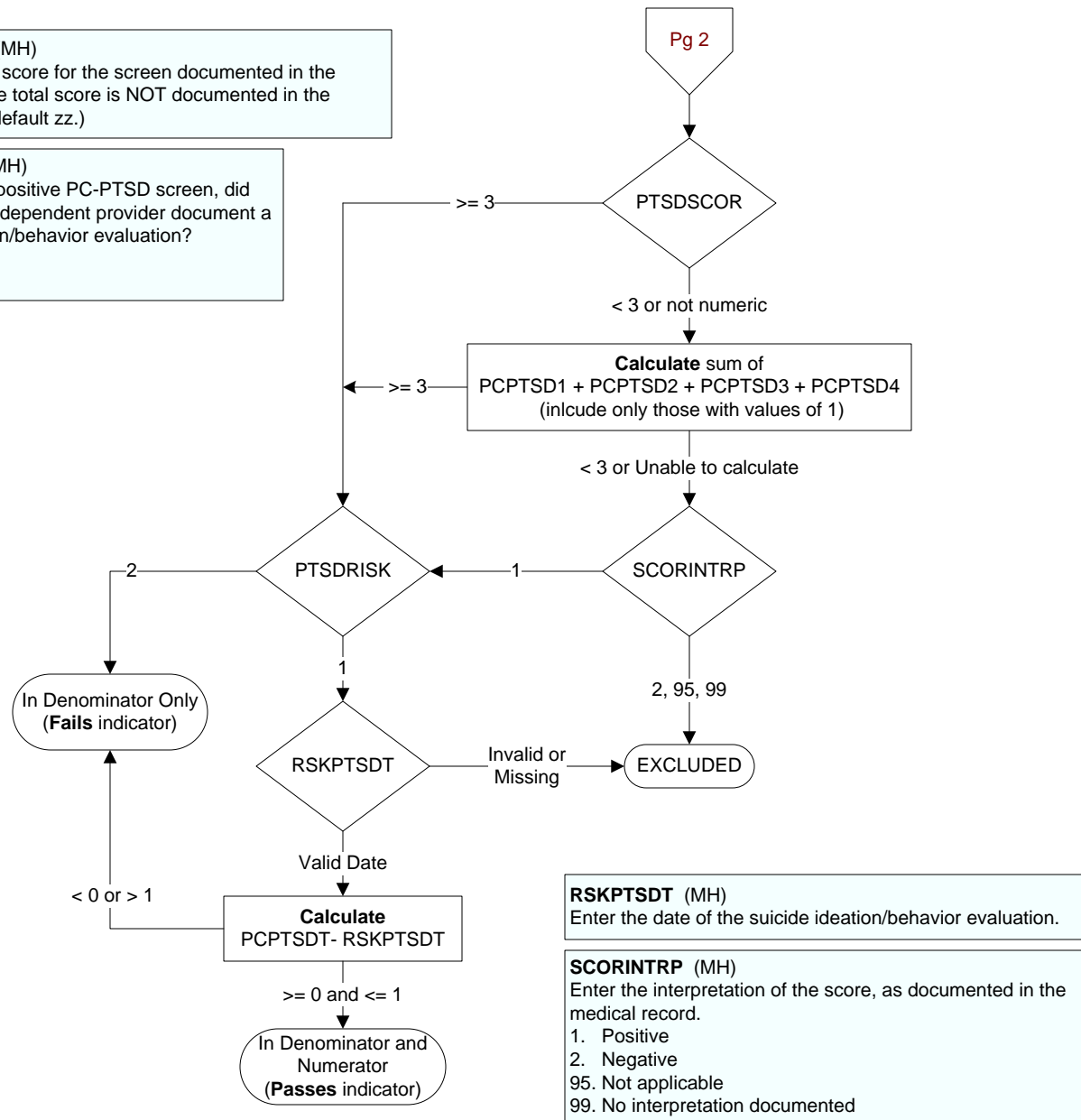
**PTSDSCOR (MH)**

Enter the total score for the screen documented in the record. (If the total score is NOT documented in the record, enter default zz.)

**PTSDRISK (MH)**

Following the positive PC-PTSD screen, did the licensed independent provider document a suicide ideation/behavior evaluation?

1. Yes
2. No

**PCPTSD (MH)**

Enter the patient's answers to each of the Primary Care PTSD Screen questions: Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you: (q119 MH)

**PCPTSD1.** Have had any nightmares about it or thought about it when you did not want to?

**PCPTSD2.** Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

**PCPTSD3.** Were constantly on guard, watchful, or easily startled?

**PCPTSD4.** Felt numb or detached from others, activities, or your surroundings?

1. Yes
2. No
95. Not applicable
99. No answer documented