

**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

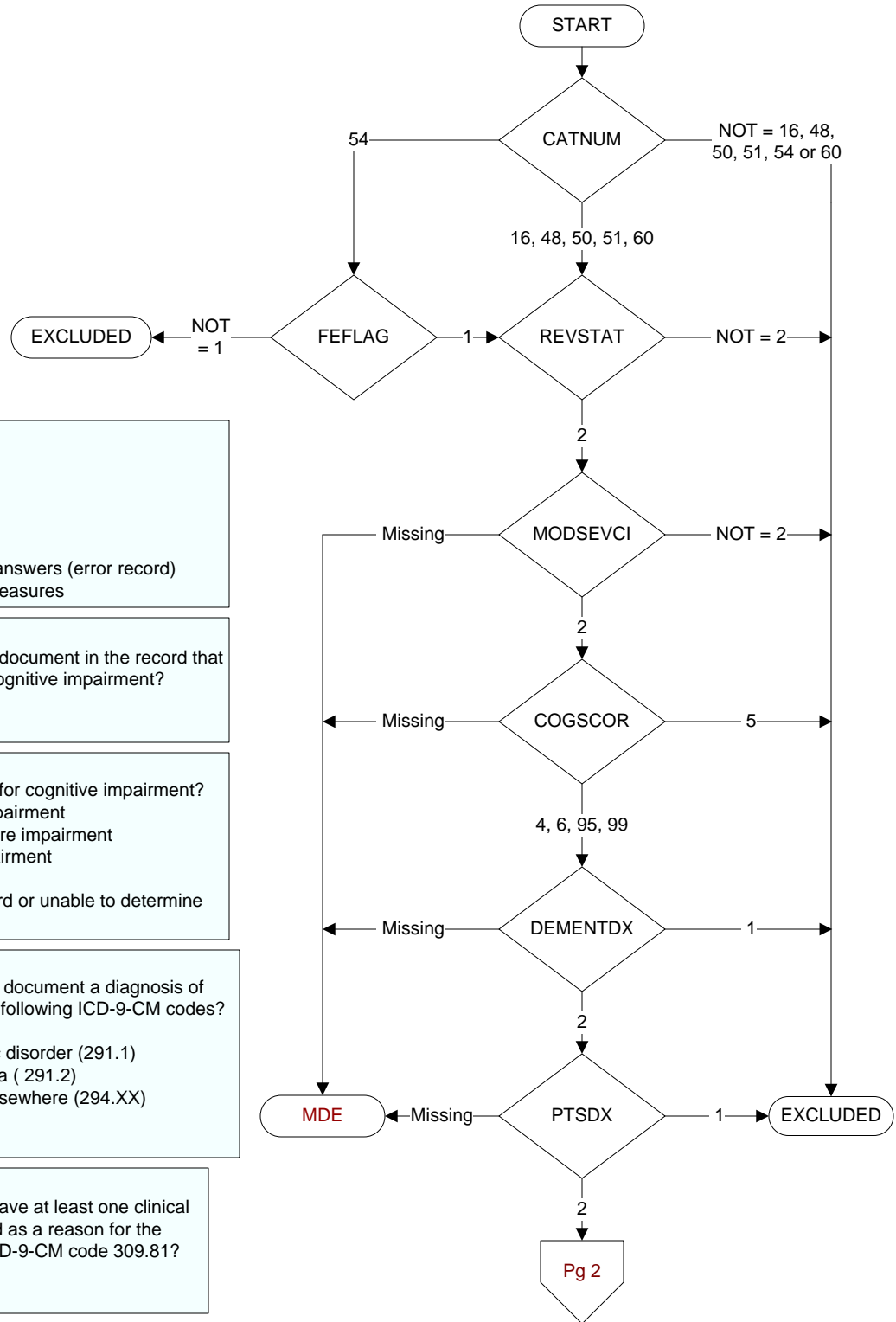
**DEMENTDX** (MH)

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

**MDE = Missing or  
Invalid Data Exclusion  
(data error)**



**PTSRNPC (MH)**

Within the past five years, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

1. Yes
2. No

**PCPTSDT (MH)**

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

**STDYBEG**

(Rcvd on Pull List)  
Study Interval begin date

**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: **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

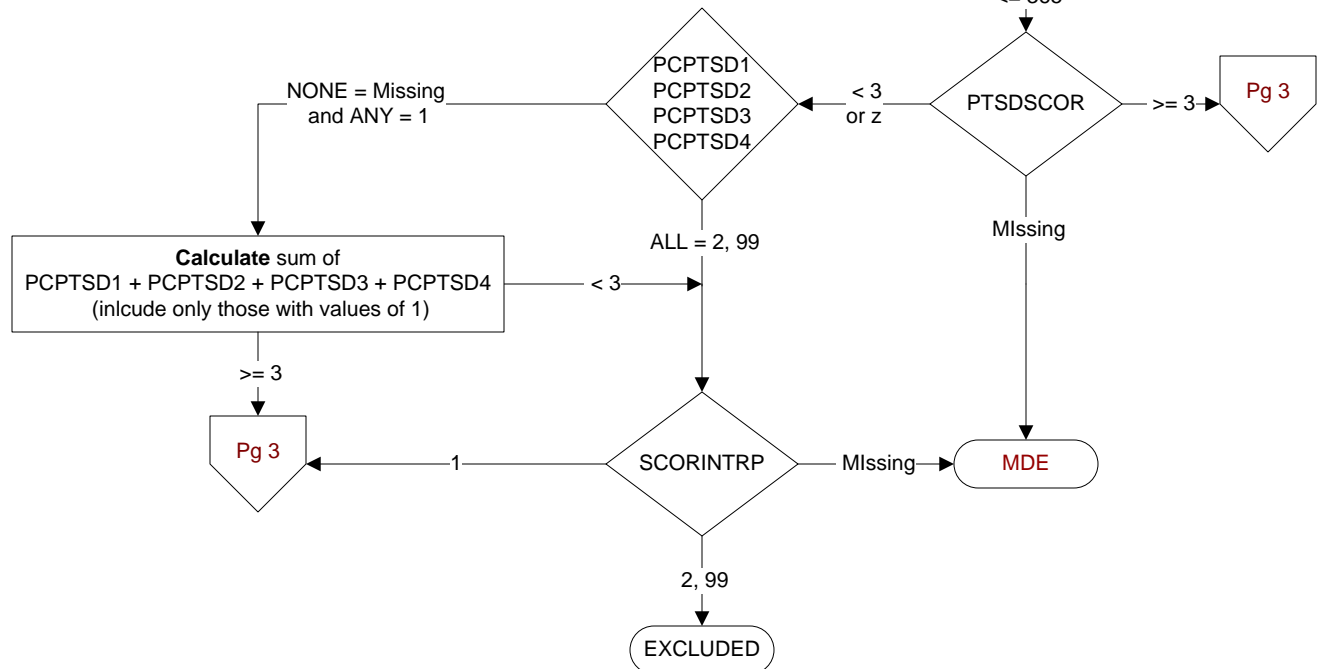
**PTSDSCOR (MH)**

Enter the total score for the screen documented in the record. (Abstractor can enter default z if no total score is documented)

**SCORINTRP (MH)**

Enter the interpretation of the score, as documented in the medical record.

1. Positive
2. Negative
95. Not applicable
99. No interpretation documented



**PTSDEVAL (MH)**

Following the positive PC-PTSD screen, did the provider document the patient needed further intervention for PTSD?

1. Yes, documented further intervention needed
2. Documented no further intervention needed
99. No documentation regarding further intervention

**NOPTSINT (MH)**

Did the provider document the patient refused further evaluation/treatment for PTSD?

1. Yes
2. No

**PTSDCARE (MH)**

Did the provider document the patient was already receiving recommended care for PTSD?

1. Yes
2. No

**OUTPTSD (MH)**

Did the provider document the patient was to receive care for PTSD outside this VA?

1. Yes
2. No

**PTSDMHEVL (MH)**

Following the positive PC-PTSD screen, did the provider document that the patient needed a mental health evaluation?

1. Yes, mental health evaluation needed
2. No mental health evaluation needed
99. No documentation regarding mental health evaluation

**PCPTSDFO (MH)**

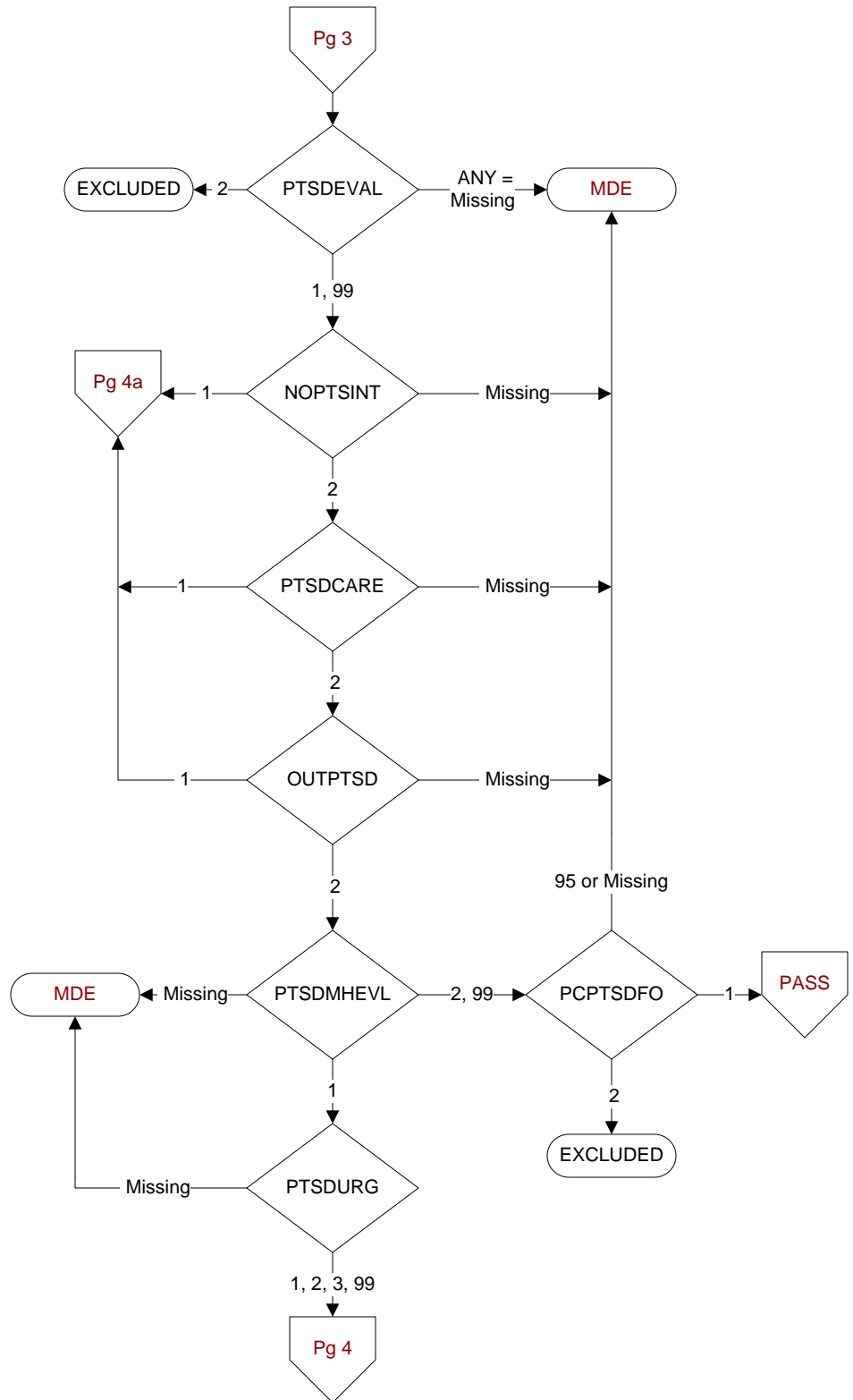
Did the document that the patient will follow-up with a primary care provider for the positive PTSD screen?

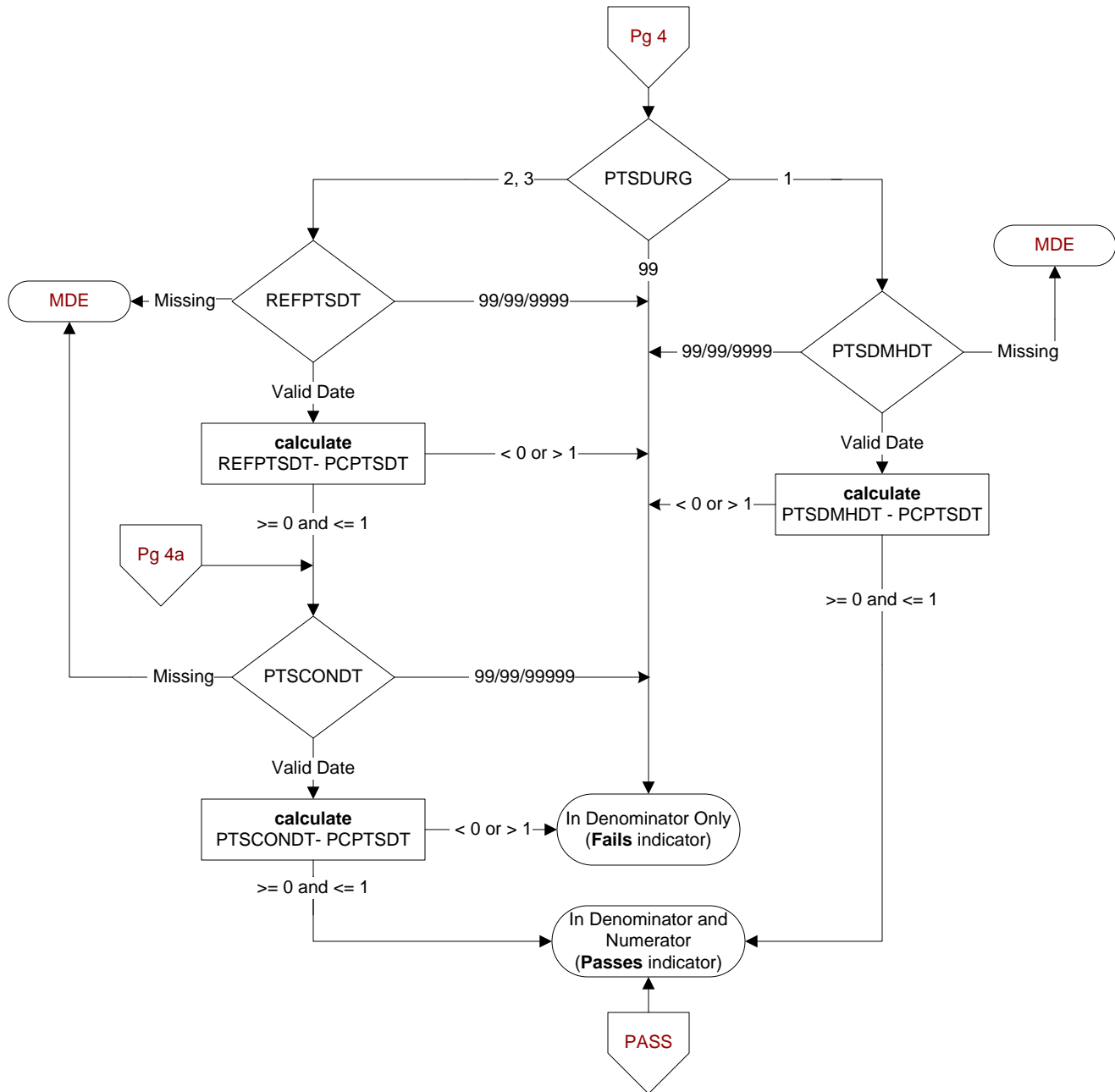
1. Yes
2. No
95. Not applicable

**PTSDURG (MH)**

Following the positive PTSD screen, did the provider document the urgency of the mental health evaluation?

1. Immediate/emergent mental health evaluation needed
2. Urgent mental health evaluation needed
3. Non-urgent mental health evaluation needed
99. No documentation of urgency of care





**REFPTSDT (MH)**  
Enter the date the mental health consult was placed.

**PTSDMHDT (MH)**  
Enter the date the patient was emergently transferred to mental health care services.

**PTSCONDT (MH)**  
Enter the date the licensed independent provider documented that contact information was provided to the patient.