

**Document Links:**
[CGPI Validation Module](#)
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**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  
5. Administrative exclusion from all measures

**OTHCARE** (Validation)

Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting?  
1. yes  
2. no

**DMFLAG** (rcvd on Pull List)

Pt flagged w diagnosis of Diabetes Mellitus?  
0. No  
1. Yes

**AGE** (Calculated field)

NEXUSDT - BIRTHDT (clinic visit date - date of birth)

**DOCHOSPCE** (PI module)

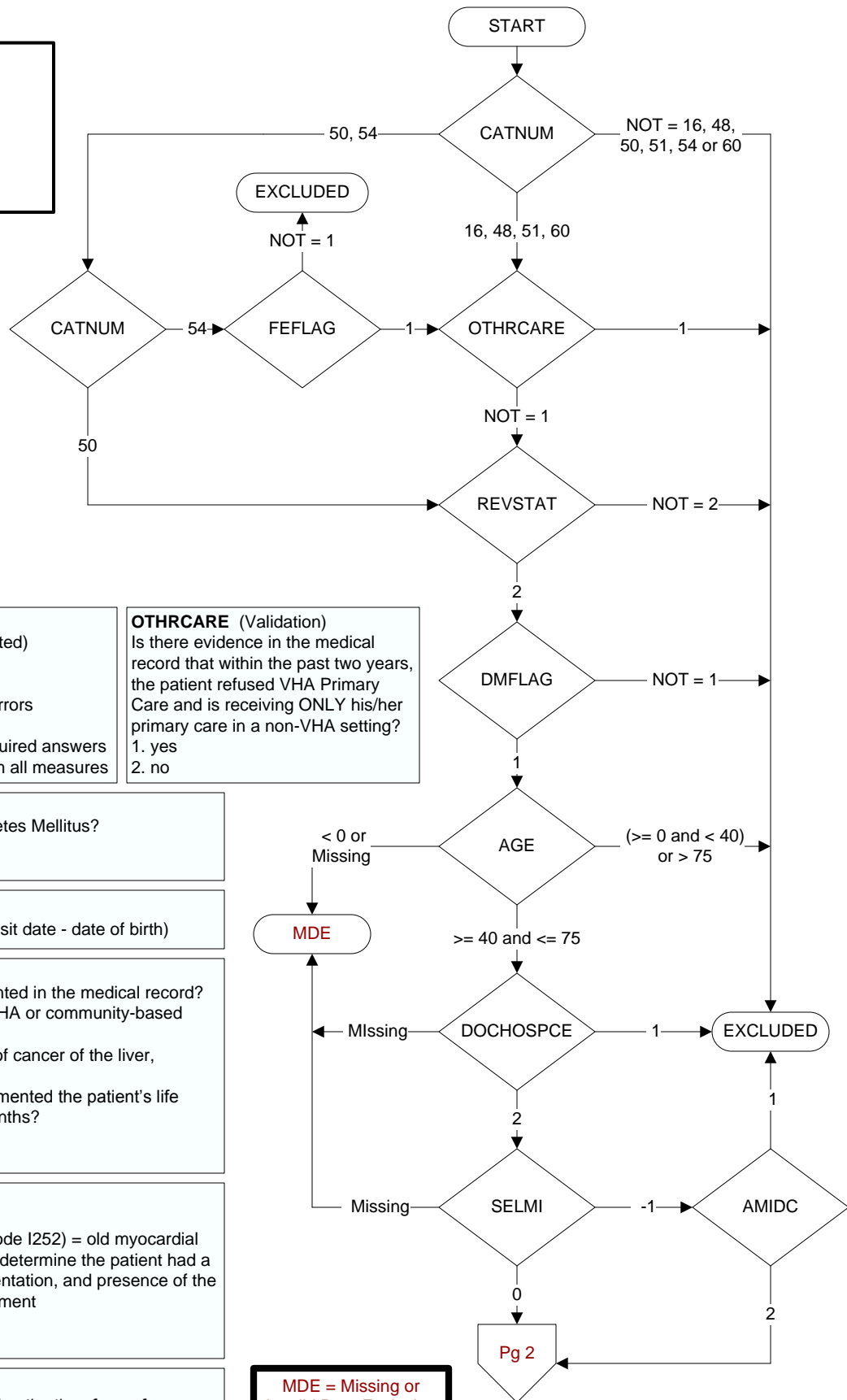
Is one of the following documented in the medical record?  
-- The patient is enrolled in a VHA or community-based Hospice program  
-- The patient has a diagnosis of cancer of the liver, pancreas, or esophagus  
-- On the problem list it is documented the patient's life expectancy is less than 6 months?  
1. Yes  
2. No

**SELM1** (CVD module)

**4 = Old Myocardial Infarction**  
ICD-9-CM code 412 (ICD-10 code I252) = old myocardial infarction. The abstractor may determine the patient had a past AMI from clinician documentation, and presence of the code is not an absolute requirement  
-1. Yes  
0. No

**AMIDC** (CVD module)

Did the patient's AMI occur during the time frame from (computer to display stdybeg - 2 years to stdyend)?  
1. Yes  
2. No



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

**SELCABG (Validation)****6 = CABG in past two years****Abstractor must know approximate month and year of px****ICD-9-CM Code:** 36.1 (ICD-10 0210093, 0210493, 02100A3, 02100J3, 02100K3, 02100Z3, 02104A3, 02104J3, 02104K3, 02104Z3)**ICD-9-CM Code 36.2 (ICD-10 021K0Z8, 021K0Z9, 021K0ZC, 021K0ZW, 021K4Z8, 021K4Z9, 021K4ZC, 021K4ZW, 021L4Z8, 021L4Z9, 021L0ZC, 021L0Z8, 021L0Z9, 021L4ZC)**

-1. Yes / True

0. No / False

**SELPCI (Validation)****5 = PCI in past two years****Abstractor must know approximate month and year of px****ICD-9-CM Code :** 00.66 (ICD-10 02703ZZ, 02704ZZ, 02713ZZ, 02714ZZ, 02723ZZ, 02724ZZ, 02733ZZ, 02734ZZ)

-1. Yes / True

0. No / False

**VASCDIS (Validation)**

Within the past two years, at any inpatient or outpatient encounter, did the patient have an active diagnosis of any of the following?

**Indicate all that apply:****VASCDIS1.** Coronary artery disease**VASCDIS2.** Angina**VASCDIS3.** Lower extremity arterial disease/peripheral artery disease**VASCDIS4.** Transient cerebral ischemia**VASCDIS5.** Stroke**VASCDIS6.** Atheroembolism**VASCDIS7.** Abdominal aortic aneurysm**VASCDIS8.** Renal artery atherosclerosis**VASCDIS99.** No ischemic vascular disease diagnosis

-1. Yes / True

0. No / False

**SELCKD (Validation)****11 = Chronic Kidney (Renal) Disease, stage 5 or ESRD (end stage renal disease) in past two years****Codes:** 585.5, 585.6 (ICD-10 codes N185, N186, Z9115, Z992)

-1. Yes / True

0. No / False

**CIRRHOSIS (Validation)**

Does the record document a diagnosis of cirrhosis during the past two years?

1. Yes

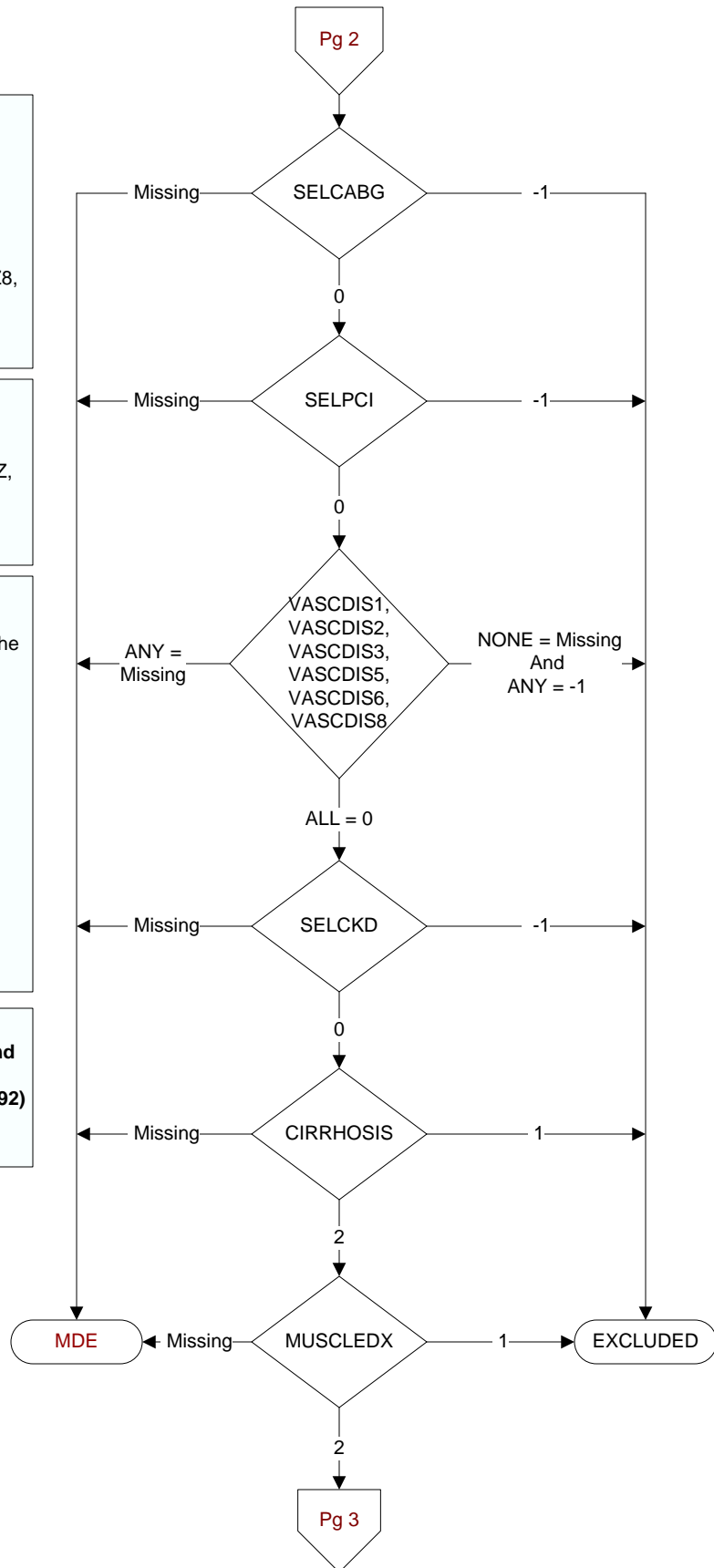
2. No

**MUSCLEDX (Validation)**

Does the record document a diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the past year?

1. Yes

2. No



**SEX** (Rcvd on pull list)

Patient Gender

1. Male
2. Female
3. Unknown

**AGE** (Calculated field)

NEXUSD - BIRTHDT

**IVFPREG** (Validation)

Does the record document any one of the following during the past two years:

1. Pregnancy
2. In vitro fertilization (IVF)
3. Both in vitro fertilization and pregnancy
99. None of the above

**CLOMIPHEN** (Validation)

Does the record document the patient was prescribed clomiphene during the past two years?

1. Yes
2. No

**STATIN** (Shared)

During the past year, was a statin medication prescribed for the patient?

1. Yes
2. No

**DESTATIN** (Shared)

Designate the statin prescribed for the patient during the past year.

1. Atorvastatin
2. Fluvastatin
3. Lovastatin
4. Pravastatin
5. Rosuvastatin
6. Simvastatin
7. Pitavastatin
99. Unable to determine

**STATNDOS** (Shared)

Enter the daily dose of the statin medication in milligrams.  
 (If dose is not documented, abstractor can enter zz.z)

