

**Document Links:**[CGPI PI Module](#)[CGPI MH Module](#)**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

**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

**FEFLAG** (rcvd on pull list)  
FE case flagged for CGPI review / scoring?

- 0. No
- 1. Yes

**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

**DEMENTDX2** (MH)

During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

**A8100, A8101, A8109, A812, A8182, A8189, A819, F0150, F0151, F0280, F0281, F0390, F0391, F1027, F1097, F1327, F1397, F1817, F1827, F1897, F1917, F1927, F1997, G231, G300, G301, G308, G309, G3101, G3109, G3183, G903**

- 1. Yes
- 2. No

**DEMSEV** (MH)

Was the severity of dementia assessed during the past year using one of the following standardized tools?

- 1. Clinical Dementia Rating Scale (CDR)
- 2. Functional Assessment Staging Tool (FAST)
- 3. Global Deterioration Scale (GDS)
- 99. Severity of dementia was not assessed during the past year using one of the specified tools

**COGSCOR2** (MH)

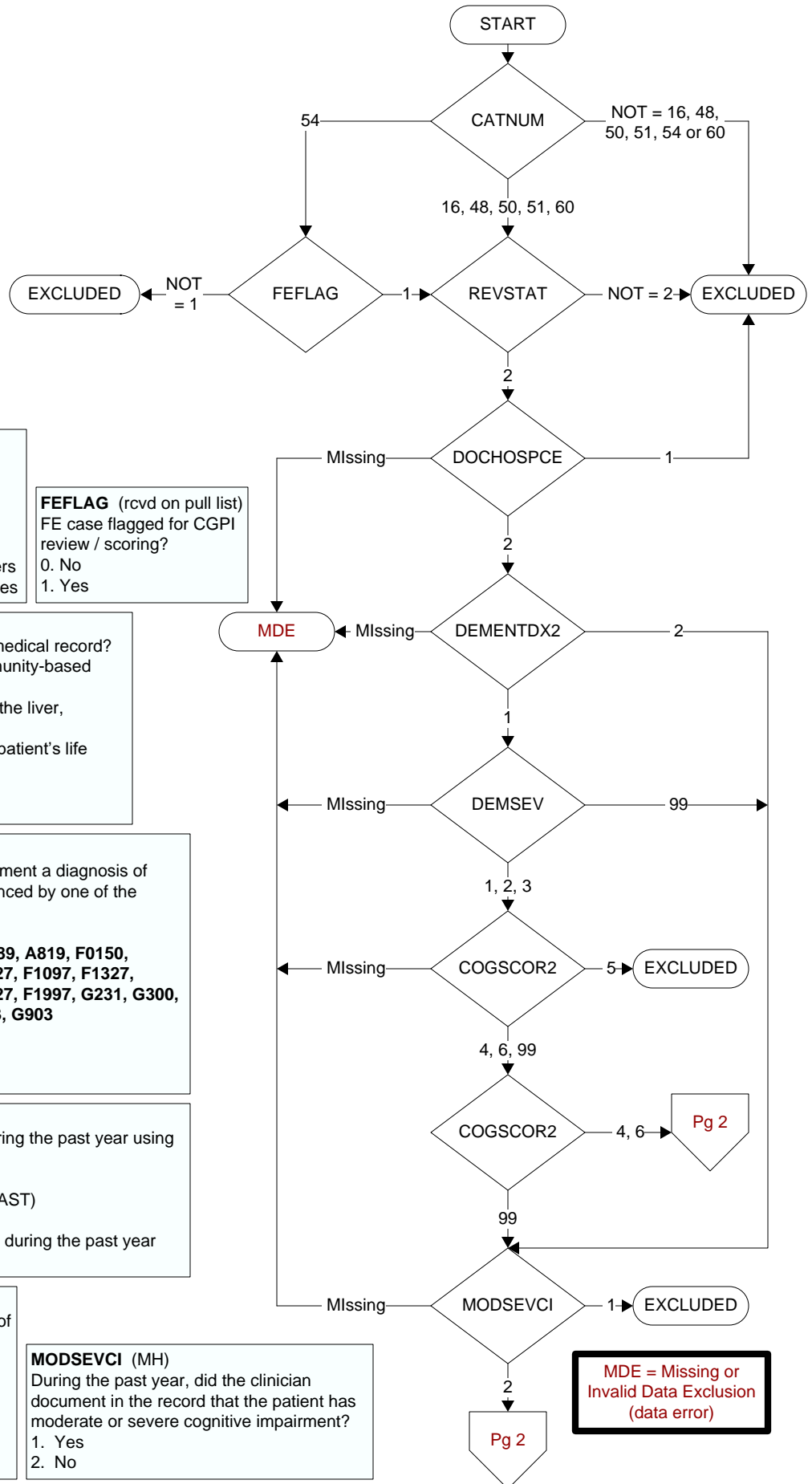
What was the outcome of the assessment of the severity of dementia assessment?

- 4. Score indicated mild dementia
- 5. Score indicated moderate to severe dementia
- 6. Score indicated no dementia
- 99. No score documented in the record or unable to determine outcome

**MODSEVCI** (MH)

During the past year, did the clinician document in the record that the patient has moderate or severe cognitive impairment?

- 1. Yes
- 2. No



**DEPTXYR (MH)**

Within the past year, did the patient have at least one clinical encounter where depression was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

**F32, F320 - F325, F328, F329, F33, F330, F331, F332, F333, F334, F3340, F3341, F3342, F338, F339, F341, F0631, F0632**

1. Yes
2. No

**BPDXYR (MH)**

Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

**F30, F301, F3010 - F3013, F302 - F304, F308, F309, F31, F310, F311, F3110 - F3113, F312, F313, F3130 - F3132, F314 - F316, F3160 - F3164, F317, F3170 - F3178, F318, F3181, F3189, F319**

1. Yes
2. No

**SCRPHQ2 (MH)**

During the past year and prior to 10/01/2018, was the patient screened for depression by the PHQ-2?

1. Yes
2. No

**SCRPHQI9 (MH)**

During the past year was the patient screened for depression by the PHQ-2 + I9?

1. Yes
2. No
98. Patient refused depression screening by the PHQ-2 + I9

**PH9SCOR (MH)**

Enter the score for Primary Suicide Risk Screen (item 9/ question #3 of the PHQ-2 + I9 screen) documented in the record:

**Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**

0. Not at all → 0
1. Several days → 1
2. More than half the days → 2
3. Nearly every day → 3
99. No answer documented

**OUTCOMEI9 (MH)**

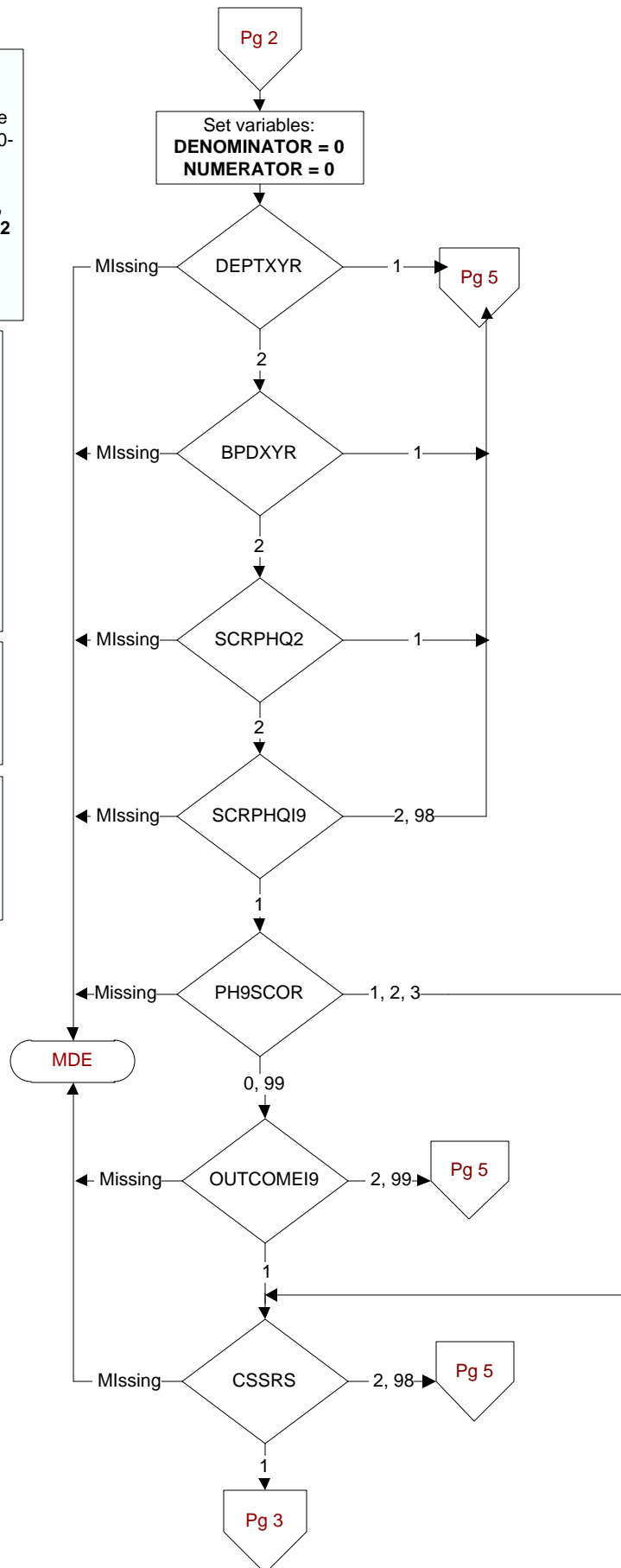
Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 + I9 screen) as documented in the medical record.

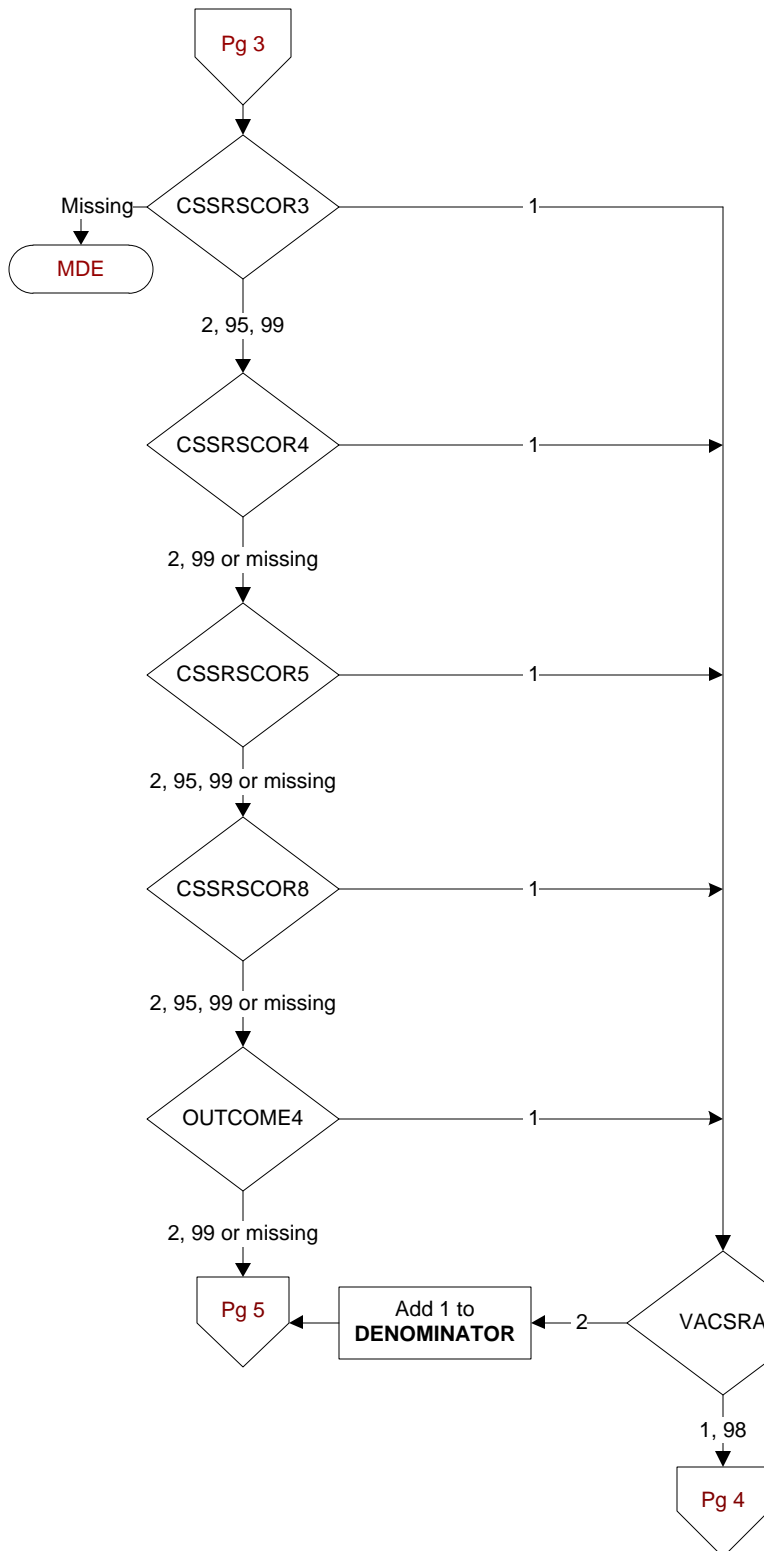
1. Positive
2. Negative
99. No interpretation documented

**CSSRS (MH)**

On (computer to display **phqi9dt**), the day of the positive I 9, did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

1. Yes
2. No
98. Patient refused to complete the C-SSRS screener




**CSSRSCOR3 (MH)**

Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?

1. Yes
2. No
95. Not applicable
99. Score not documented

**CSSRSCOR4 (MH)**

Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?

1. Yes
2. No
99. Score not documented

**CSSRSCOR5 (MH)**

Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?

1. Yes
2. No
99. Score not documented

**CSSRSCOR8 (MH)**

Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up?

1. Yes
2. No
99. Score not documented

**OUTCOME4 (MH)**

Enter the interpretation of the C-SSRS Screener as documented in the medical record.

1. Positive
2. Negative
99. No interpretation documented

**VACSRA (MH)**

On (computer to display **phqi9dt**), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?

1. Yes
2. No
98. Patient refused to complete CSRE

**REFCSRE (MH)**

Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?

1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
2. Yes, due to Veteran's medical condition (e.g., dementia, etc.)
3. Yes, due to Other (e.g., refusal)
4. No (no checkbox indicates validity of the CSRE information was not in question)
99. No documentation whether the validity of the CSRE information was or was not in question

**VACSRAACU (MH)**

Enter the Clinical Impression of Acute Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Acute risk not documented

**VACSRACHR (MH)**

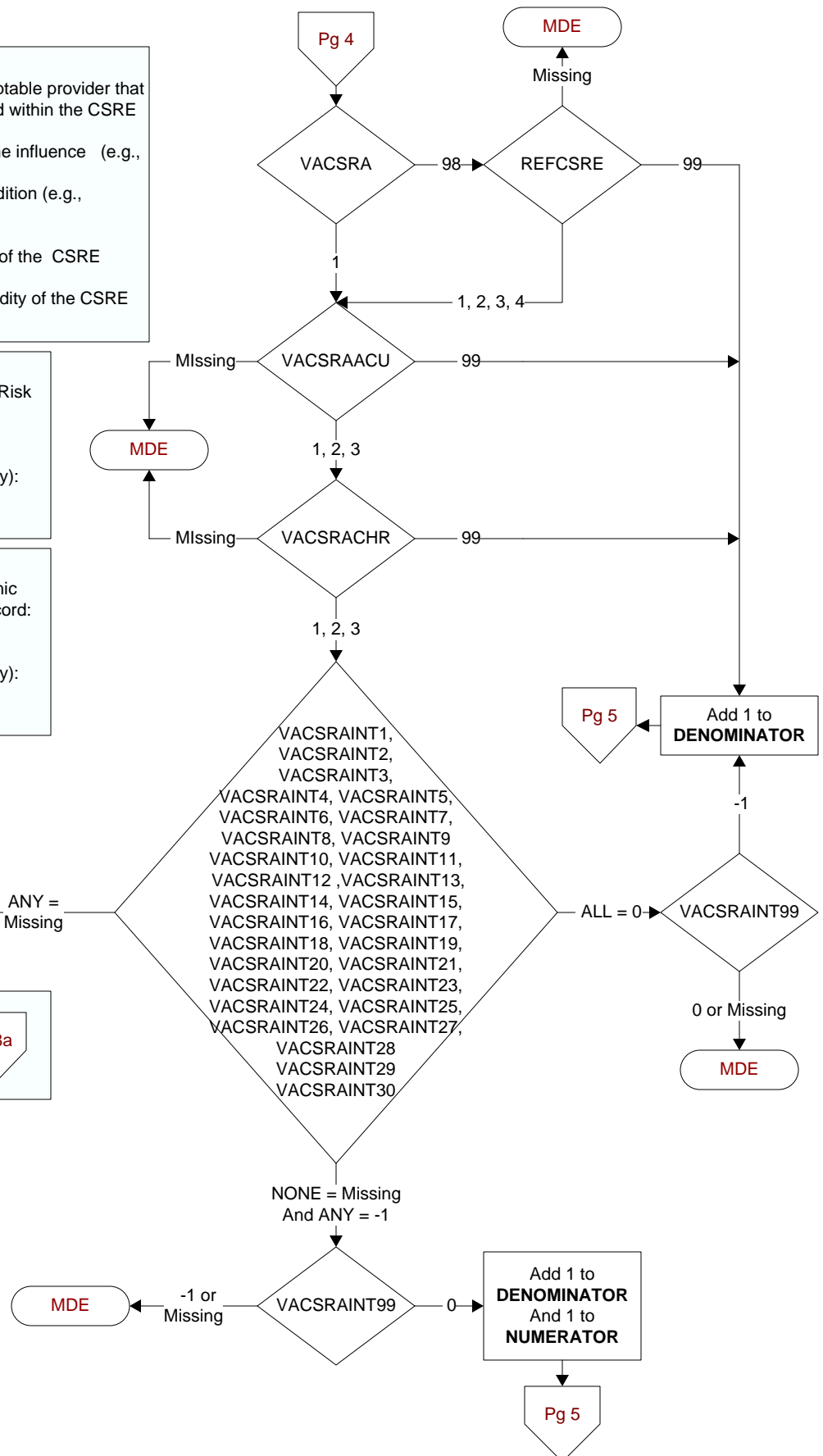
Enter the Clinical Impressions of Chronic Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Chronic risk not documented

**VACSRAINT1-99 (MH)**

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**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 one of the following ICD-10-CM diagnosis codes:

**F431, F4310 - F4312**

1. Yes
2. No

**PTSRNPC (MH)**

Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

1. Yes
2. No

**SCRPTSD5I9 (MH)**

During the past year, was the patient screened for PTSD using the Primary Care PTSD5 +I9?

1. Yes
2. No
98. Patient refused to complete PC-PTSD5 +I9

**PTSDI9SCOR (MH)**

Enter the score for the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5 + I9 screen) documented in the record:

**Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?**

0. Not at all → 0
1. Several days → 1
2. More than half the days → 2
3. Nearly every day → 3
99. No answer documented

**PTSDI9OUT (MH)**

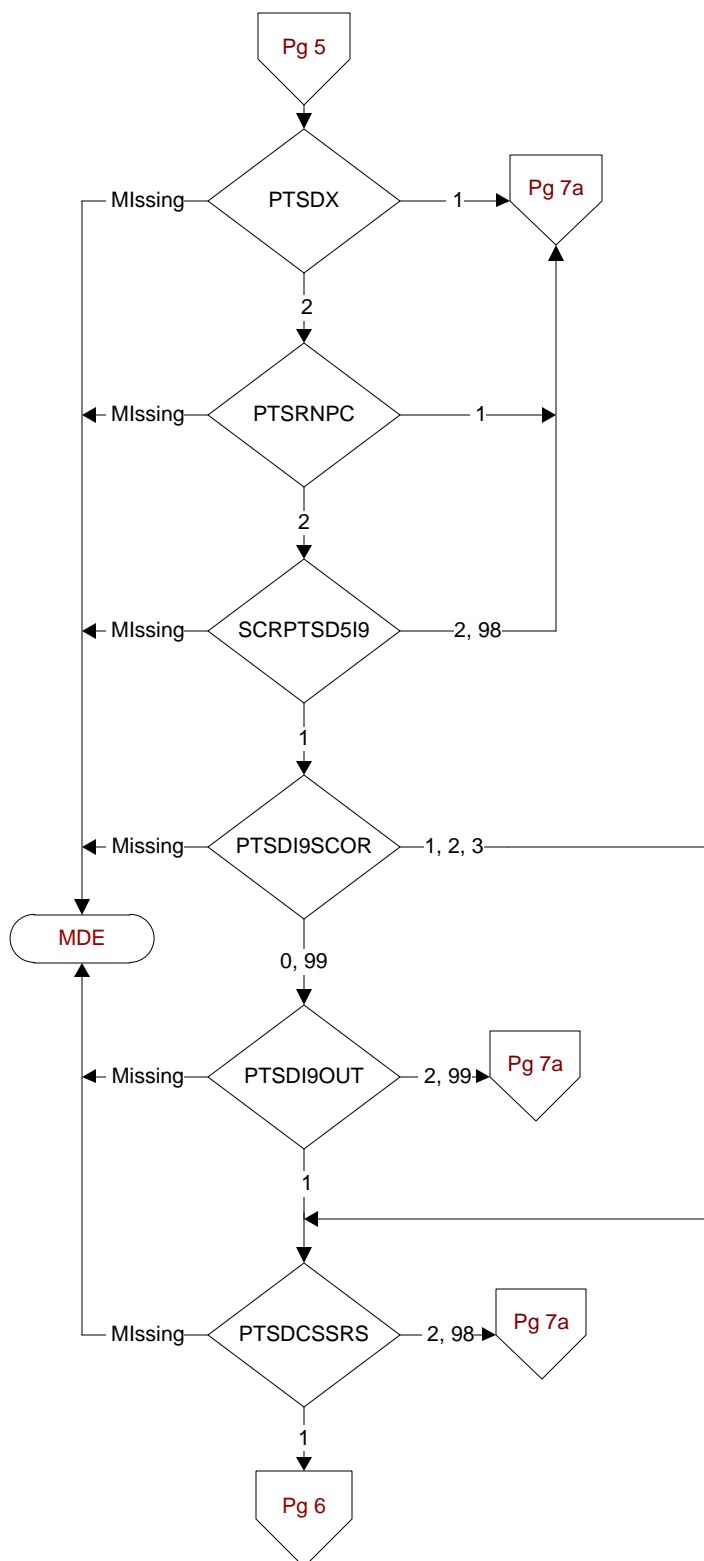
Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen) as documented in the medical record.

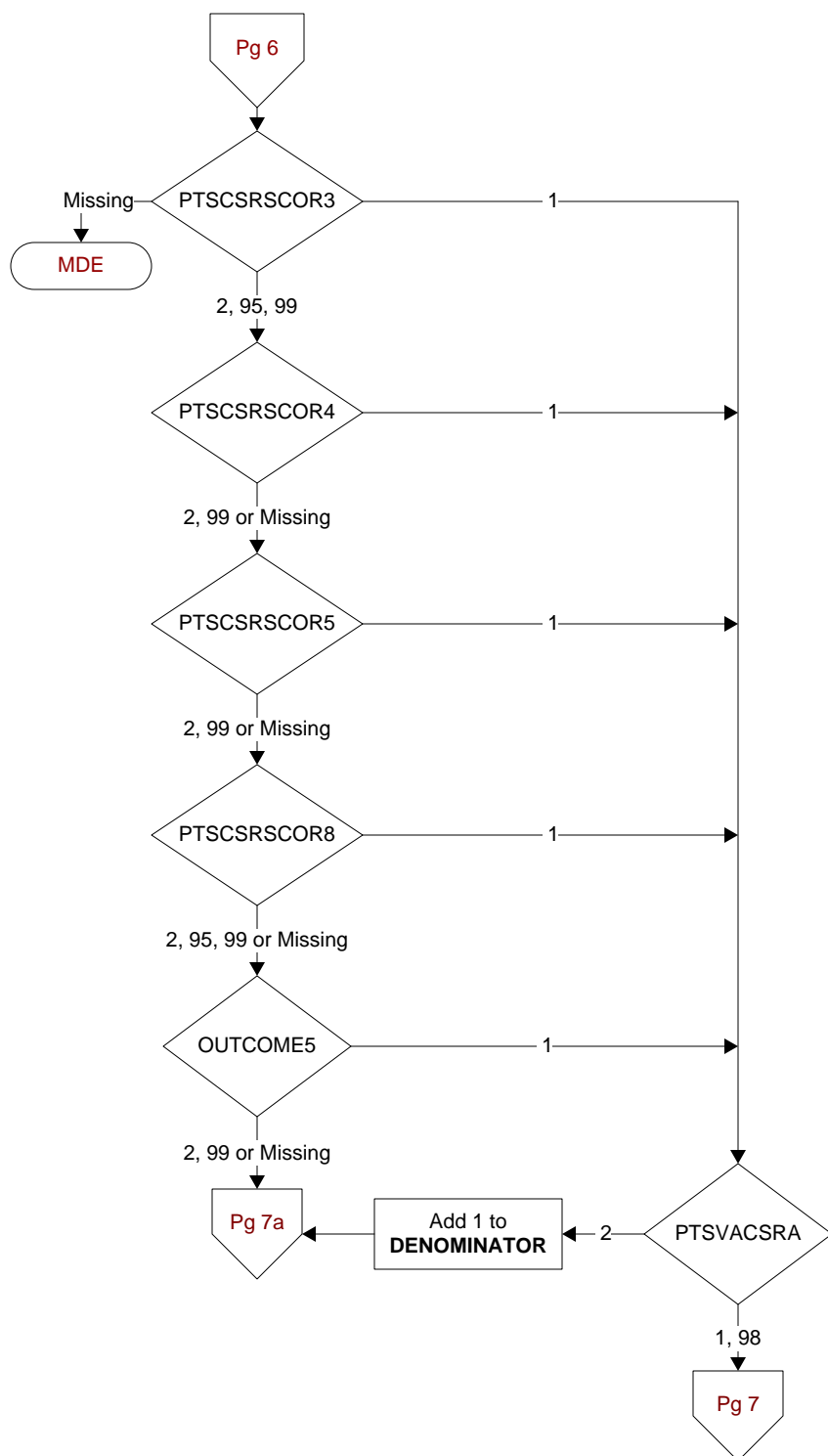
1. Positive
2. Negative
99. No interpretation documented

**PTSDCSSRS (MH)**

On (computer to display pcptsd5dt), the day of the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

1. Yes
2. No
98. Patient refused to complete the C-SSRS Screener



**PTSCSRSCOR3 (MH)**

Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?

- 1. Yes
- 2. No
- 95. Not applicable
- 99. Score not documented

**PTSCSRSCOR4 (MH)**

Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?

- 1. Yes
- 2. No
- 99. Score not documented

**PTSCSRSCOR5 (MH)**

Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?

- 1. Yes
- 2. No
- 99. Score not documented

**PTSCSRSCOR8 (MH)**

Enter the score for C-SSRS Screener Question 8 documented in the medical record: Was this within the past 3 months?

- 1. Yes
- 2. No
- 95. Not applicable
- 99. Score not documented

**OUTCOME5 (MH)**

Enter the interpretation of the C-SSRS Screener as documented in the medical.

- 1. Positive
- 2. Negative
- 99. No interpretation documented

**PTSVACSRA (MH)**

On (computer to display pcptsd5dt), the same calendar day as the positive C-SSRS Screener and positive Primary Suicide Risk Screen (item 9/ question #6 of the PC-PTSD5- +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?

- 1. Yes
- 2. No
- 98. Patient refused to complete CSRE

**REFCSRE2 (MH)**

Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?

1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
2. Yes, due to Veteran's medical condition (e.g., dementia, etc.)
3. Yes, due to Other (e.g., refusal)
4. No (no checkbox indicates validity of the CSRE information was not in question)
99. No documentation whether the validity of the CSRE information was or was not in question

**PTSDCSRAACU (MH)**

Enter the Clinical Impression of Acute Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Acute risk not documented

**PTSDCSRACHR (MH)**

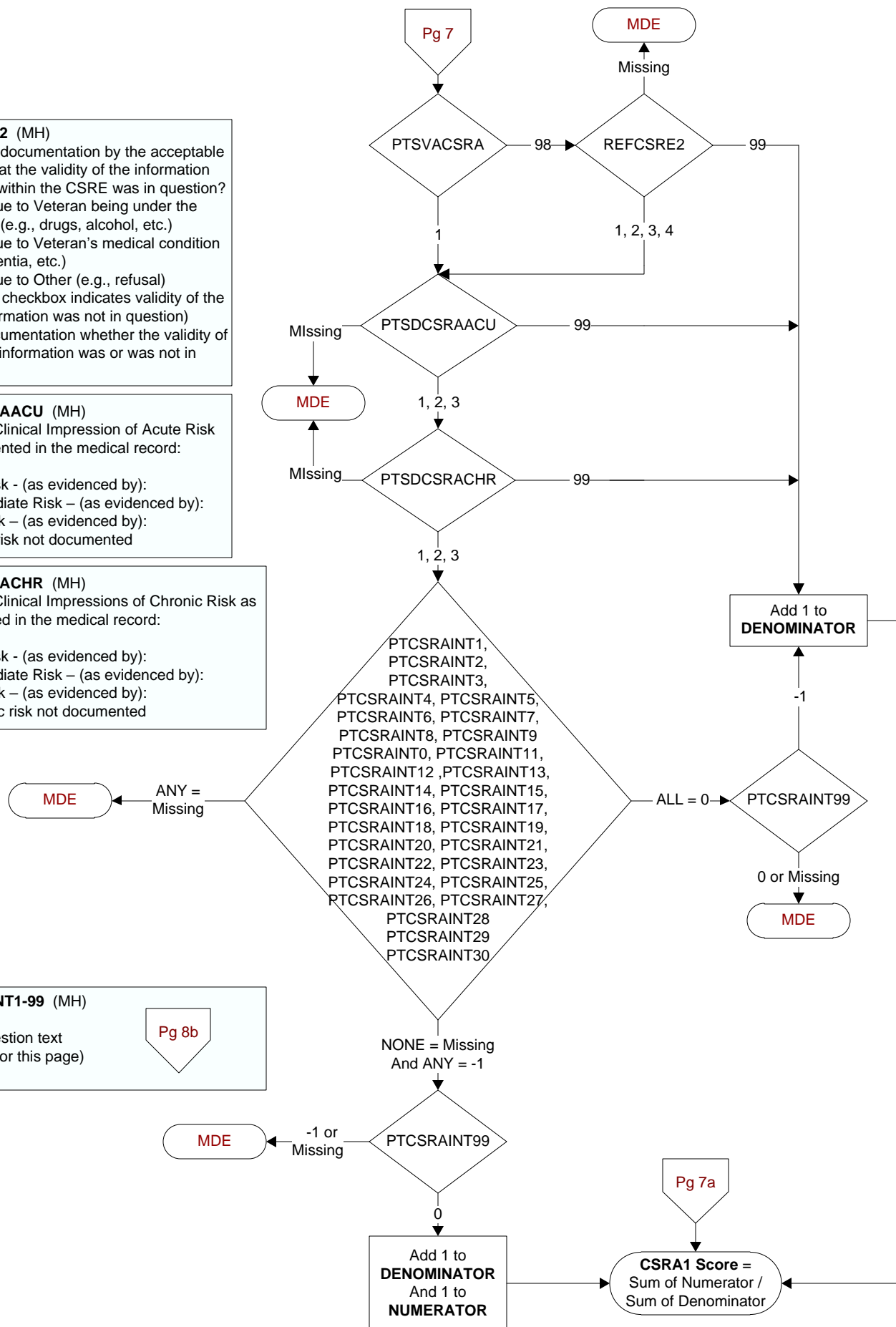
Enter the Clinical Impressions of Chronic Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Chronic risk not documented

**PTCSRAINT1-99 (MH)**

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(MH) Please enter the course of action documented in the record from the following list of interventions (Select all that apply). **General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed):**

**VACSRACHR1.** Initiate 9-1-1/Emergency Response Rescue  
**VACSRACHR2.** Involuntary Hospitalization  
**VACSRACHR3.** Voluntary Hospitalization  
**VACSRACHR4.** Initiate one-on-one monitoring  
**VACSRACHR5.** Initiate Health and Welfare Check  
**VACSRACHR6.** Initiate a Hospital Transportation Plan with:  
**VACSRACHR7.** Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide  
**VACSRACHR8.** Complete or Update Safety Plan  
**VACSRACHR9.** Increase frequency of outpatient contacts  
**VACSRACHR10.** Lethal Means Safety Counseling  
**VACSRACHR11.** Obtain additional information from collateral sources  
**VACSRACHR12.** Address barriers to treatment engagement by: [add text box]  
**VACSRACHR13.** Address psychosocial needs by: [text box]  
**VACSRACHR14.** Address medical conditions by: [text box]  
**VACSRACHR15.** Connection/Referral to additional support: [text box for user to enter a name]  
**VACSRACHR16.** Consult submitted to: [add text box for user to enter a name]  
**VACSRACHR17.** Continue to see assigned Primary Care Provider for care  
**VACSRACHR18.** Discussion with Veteran regarding enhancement of a sense of purpose and meaning  
**VACSRACHR19.** Educate on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach, and Breathe2Relax)  
**VACSRACHR20.** Education on emergency services  
**VACSRACHR21.** Follow-up appointments: [text box]  
**VACSRACHR22.** Initiate/refer for evidence based psychotherapy  
**VACSRACHR23.** Involve family/support system in: [text box]  
**VACSRACHR24.** Medication reconciliation  
**VACSRACHR25.** Pharmacotherapy intervention to reduce suicide risk (e.g., consideration of medications shown to reduce suicide risk)  
**VACSRACHR26.** Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)  
**VACSRACHR27.** Reevaluate current treatment plan  
**VACSRACHR28.** Referral to Chaplaincy/pastoral care  
**VACSRACHR29.** Referral to peer support  
**VACSRACHR30.** Other/Comments: [text box]  
**VACSRACHR99.** No interventions documented by the provider

(MH) Please enter the course of action documented in the record from the following list of interventions (Select all that apply). **General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed):**

**PTCSRACHR1.** Initiate 9-1-1/Emergency Response Rescue  
**PTCSRACHR2.** Involuntary Hospitalization  
**PTCSRACHR3.** Voluntary Hospitalization  
**PTCSRACHR4.** Initiate one-on-one monitoring  
**PTCSRACHR5.** Initiate Health and Welfare Check  
**PTCSRACHR6.** Initiate a Hospital Transportation Plan with:  
**PTCSRACHR7.** Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide  
**PTCSRACHR8.** Complete or Update Safety Plan  
**PTCSRACHR9.** Increase frequency of outpatient contacts  
**PTCSRACHR10.** Lethal Means Safety Counseling  
**PTCSRACHR11.** Obtain additional information from collateral sources  
**PTCSRACHR12.** Address barriers to treatment engagement by: [add text box]  
**PTCSRACHR13.** Address psychosocial needs by: [text box]  
**PTCSRACHR14.** Address medical conditions by: [text box]  
**PTCSRACHR15.** Connection/Referral to additional support: [text box for user to enter a name]  
**PTCSRACHR16.** Consult submitted to: [add text box for user to enter a name]  
**PTCSRACHR17.** Continue to see assigned Primary Care Provider for care  
**PTCSRACHR18.** Discussion with Veteran regarding enhancement of a sense of purpose and meaning  
**PTCSRACHR19.** Educate on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach, and Breathe2Relax)  
**PTCSRACHR20.** Education on emergency services  
**PTCSRACHR21.** Follow-up appointments: [text box]  
**PTCSRACHR22.** Initiate/refer for evidence based psychotherapy  
**PTCSRACHR23.** Involve family/support system in: [text box]  
**PTCSRACHR24.** Medication reconciliation  
**PTCSRACHR25.** Pharmacotherapy intervention to reduce suicide risk (e.g., consideration of medications shown to reduce suicide risk)  
**PTCSRACHR26.** Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)  
**PTCSRACHR27.** Reevaluate current treatment plan  
**PTCSRACHR28.** Referral to Chaplaincy/pastoral care  
**PTCSRACHR29.** Referral to peer support  
**PTCSRACHR30.** Other/Comments: [text box]  
**PTCSRACHR99.** No interventions documented by the provider