

Document Links:[CGPI Validation 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

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

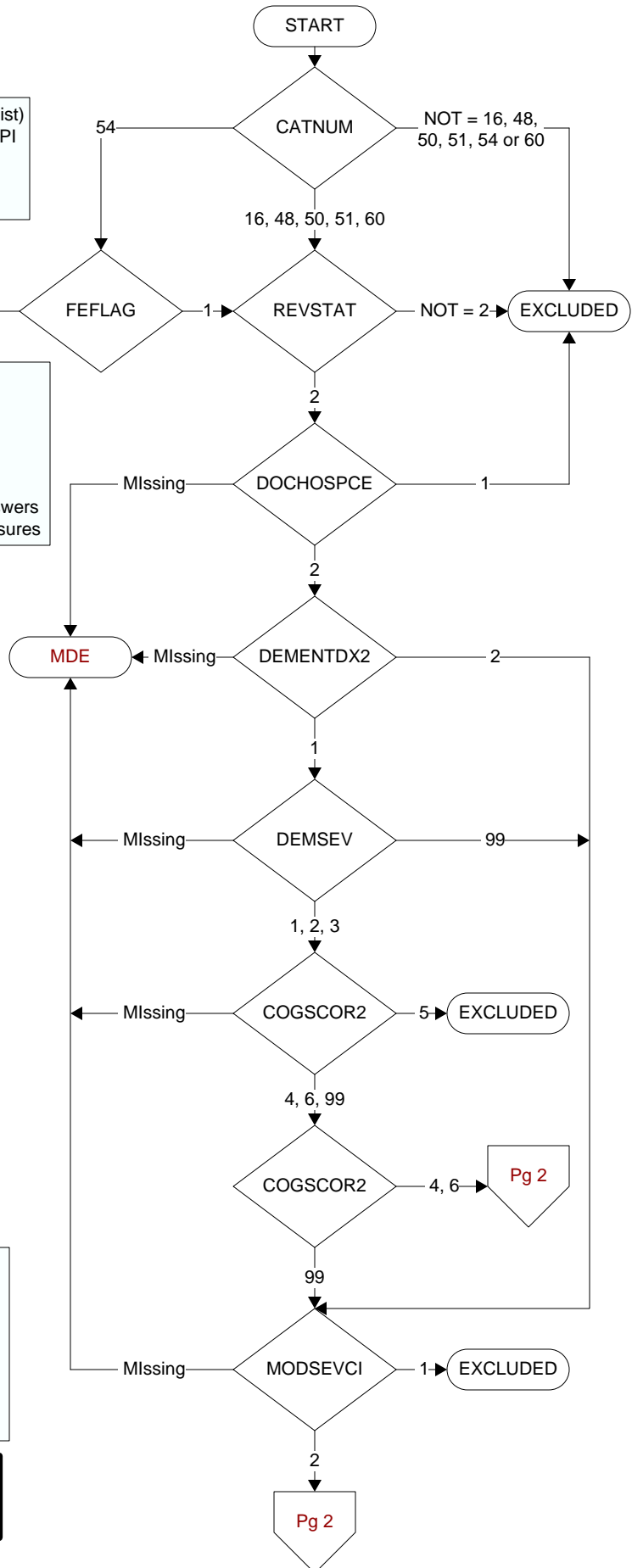
MODSEVCI (MH)

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

MDE = Missing or Invalid Data Exclusion (data error)

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

EXCLUDED ← NOT = 1



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

PH9SCOR (MH)

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

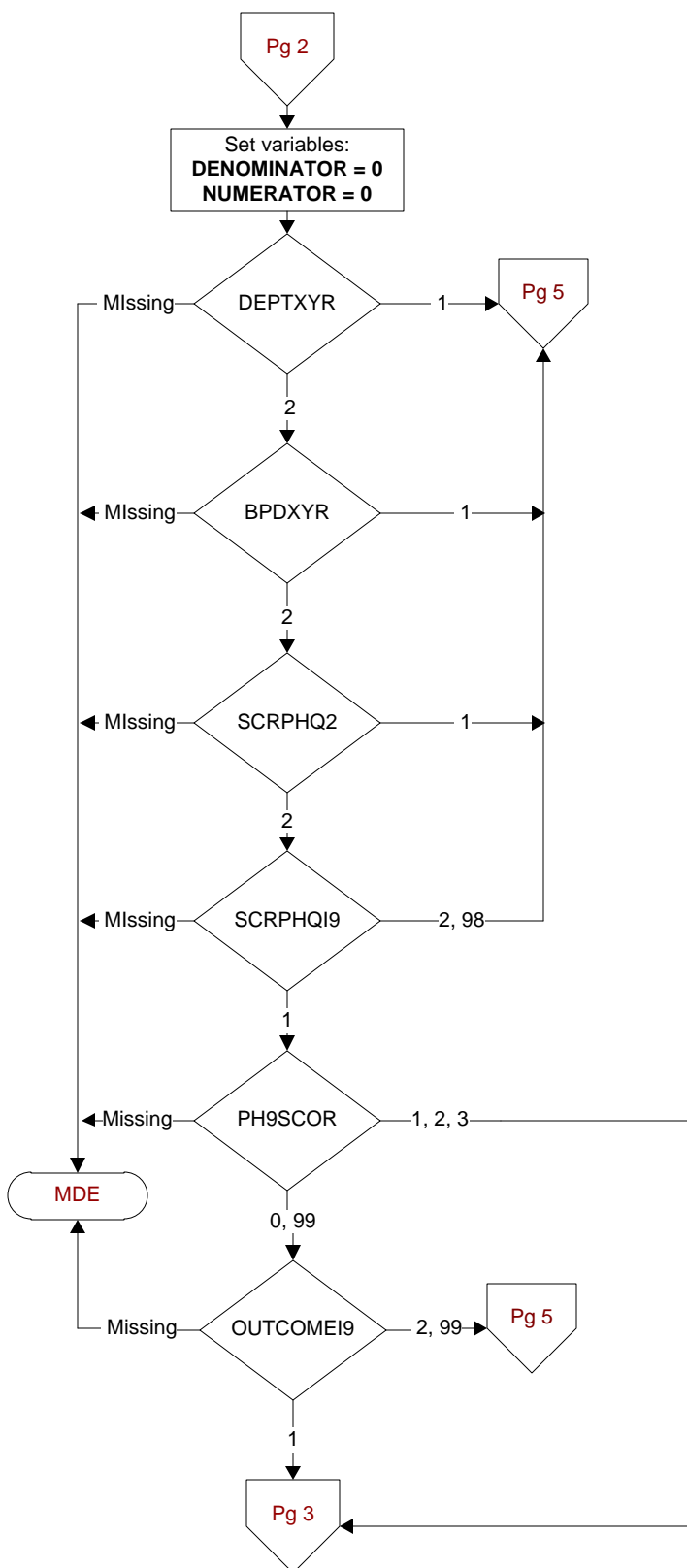
Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself in some way?

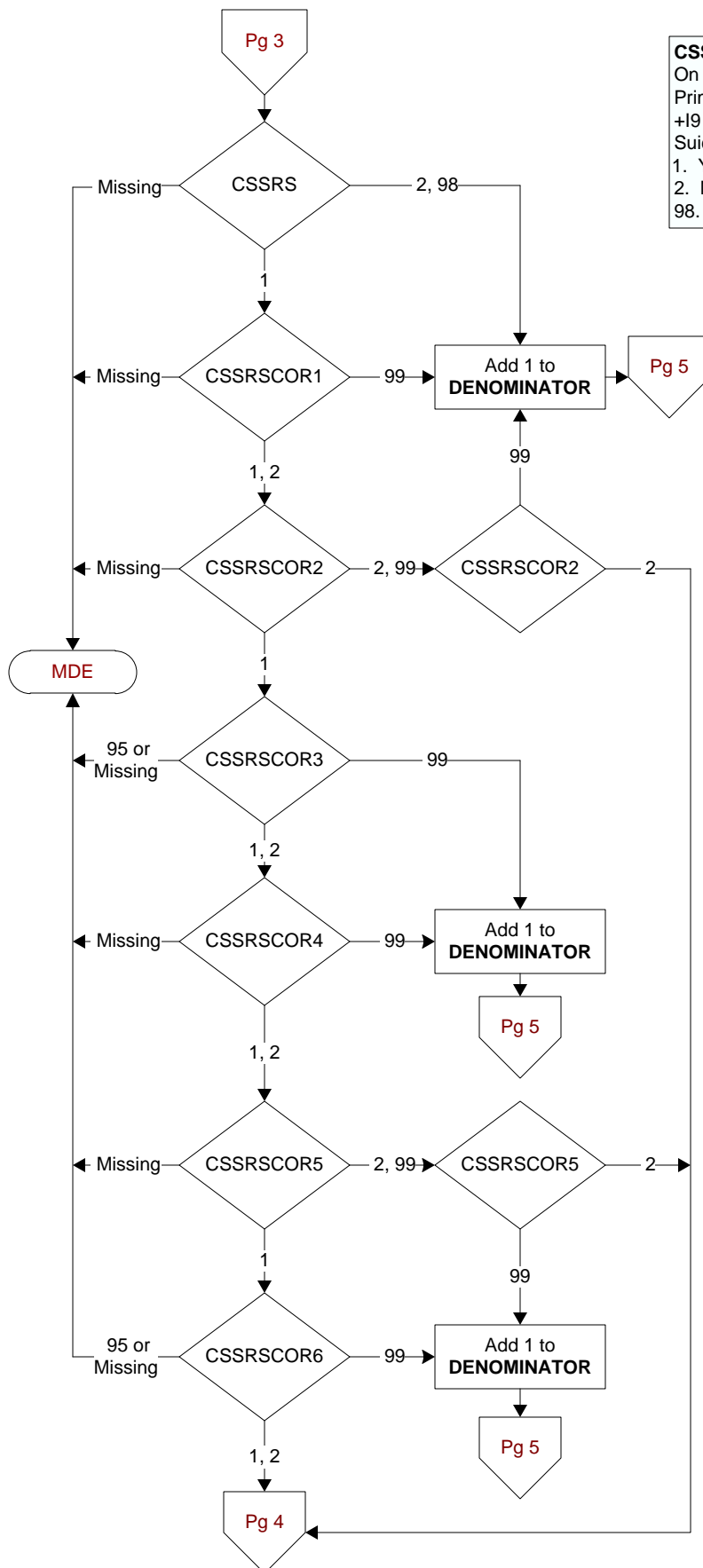
0. Not at all → 0
1. Several days → 1
2. More than half the days → 2
3. Nearly every day → 3
99. No answer documented

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 Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +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

CSSRSCOR1 (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

CSSRSCOR2 (MH)

Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?

1. Yes

2. No

99. Score not documented

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

CSSRSCOR6 (MH)

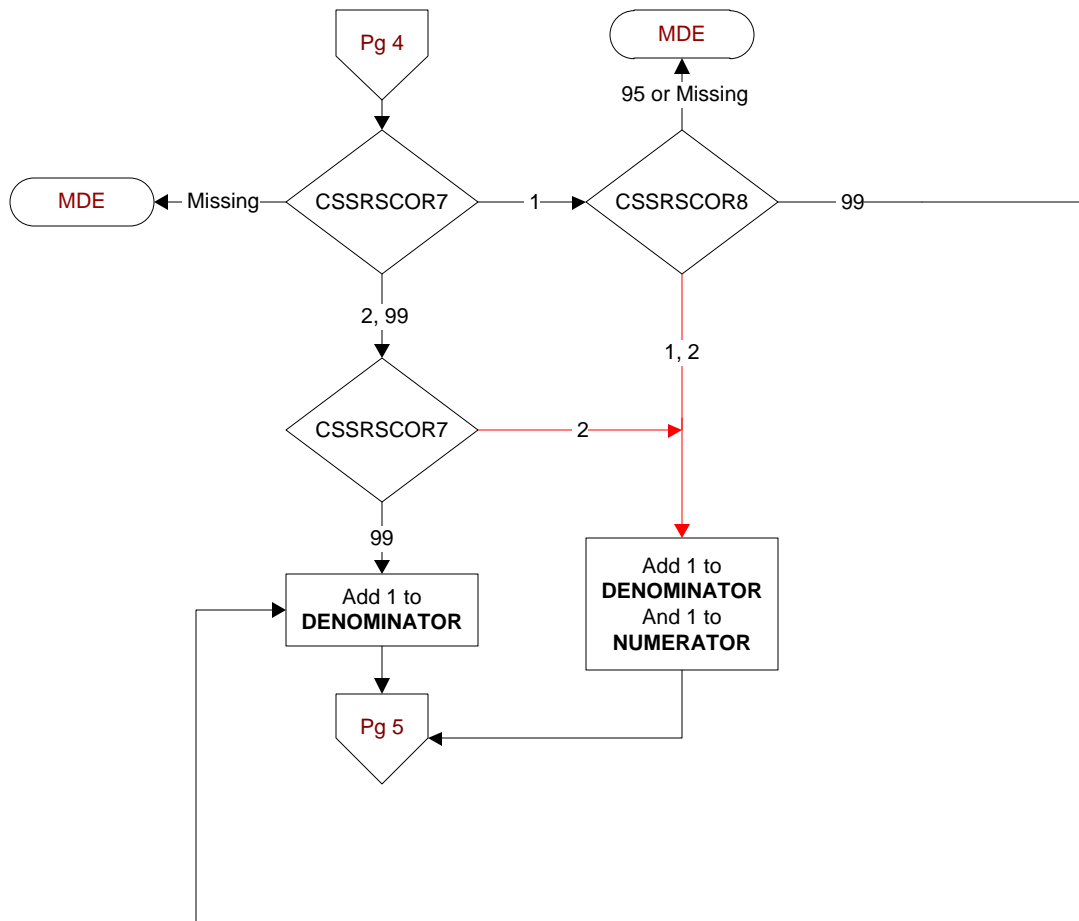
Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?

1. Yes

2. No

95. Not applicable

99. Score not documented

**CSSRSCOR7 (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

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

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 screening by the 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)

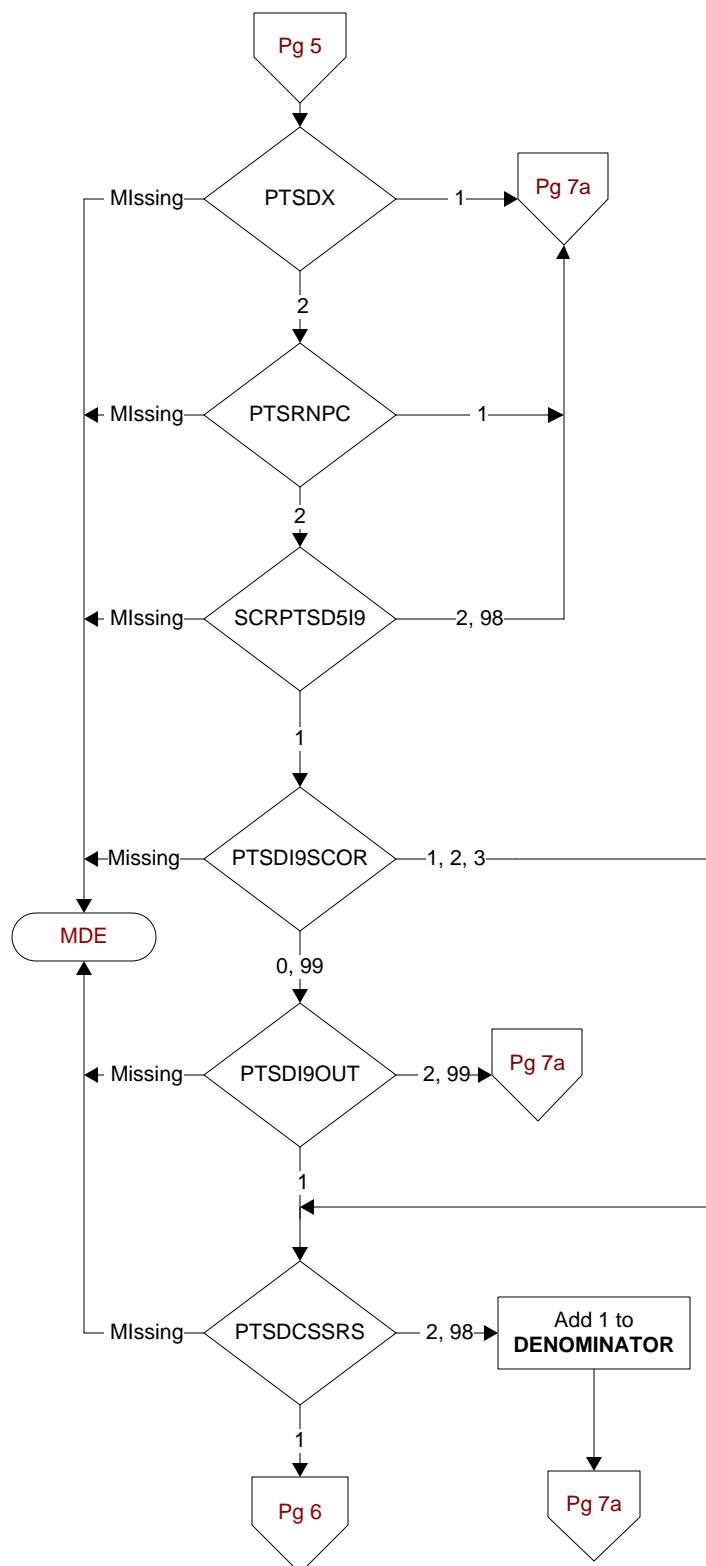
Enter the interpretation of the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen) as documented in the medical record.

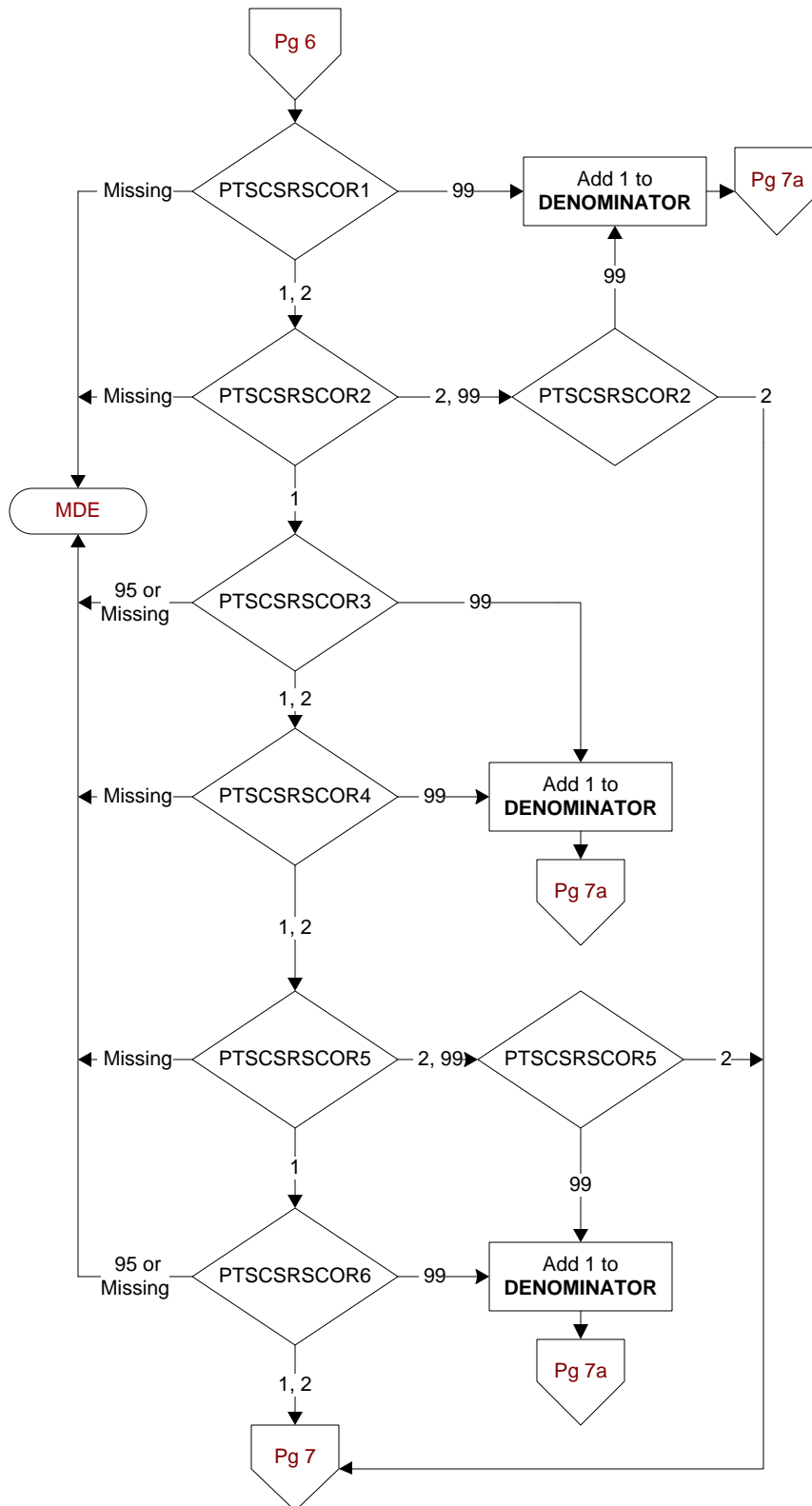
1. Positive
2. Negative
99. No interpretation documented

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





PTSCSRSCOR1 (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

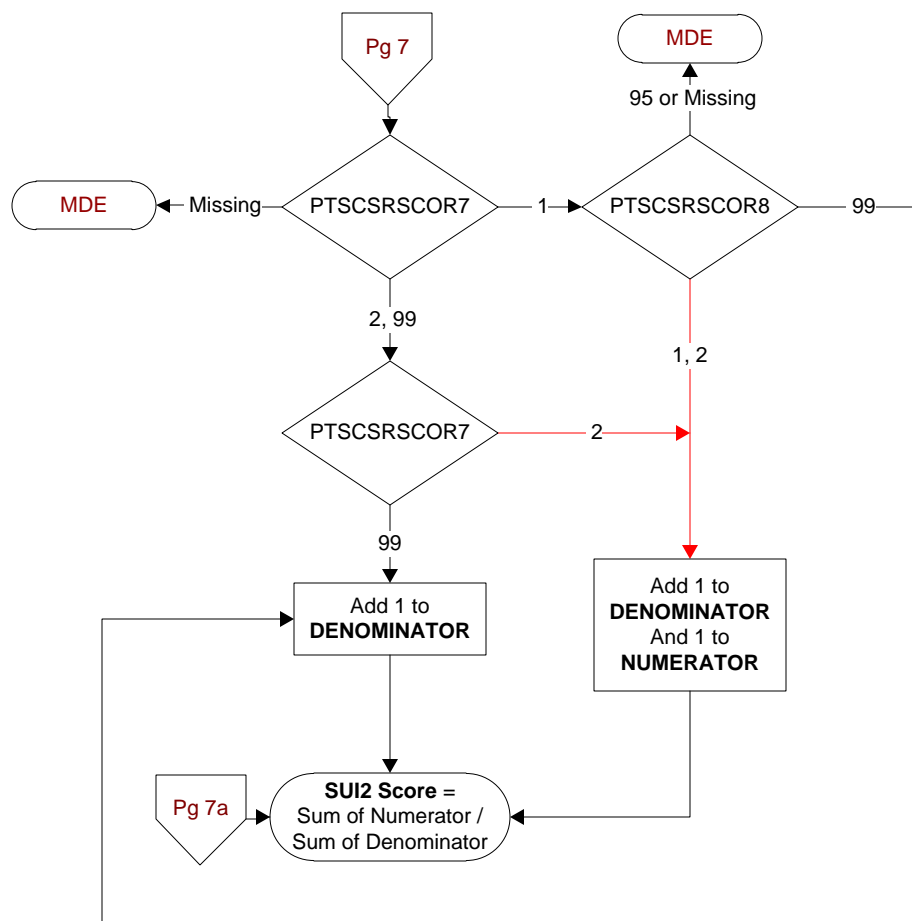
PTSCSRSCOR2 (MH)
Enter the score for C-SSRS Screener Question 2 documented in the record: (Time period designated, e.g. Over the past month) Have you had any actual thoughts of killing yourself?
1. Yes
2. No
99. Score not documented

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

PTSCSRSCOR6 (MH)
Enter the score for C-SSRS Screener Question 6 documented in the record: Do you intend to carry out this plan?
1. Yes
2. No
95. Not applicable
99. Score not documented



PTSCSRSCOR7 (MH)
 Enter the score for C-SSRS Screener Question 7 documented in the record: In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?
 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