

**Document Links:**[CGPI Validation Module](#)[CGPI PI Module](#)[CGPI CVD Module](#)[CGPI Shared 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

**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

**DOCHOSPCE** (PI module)

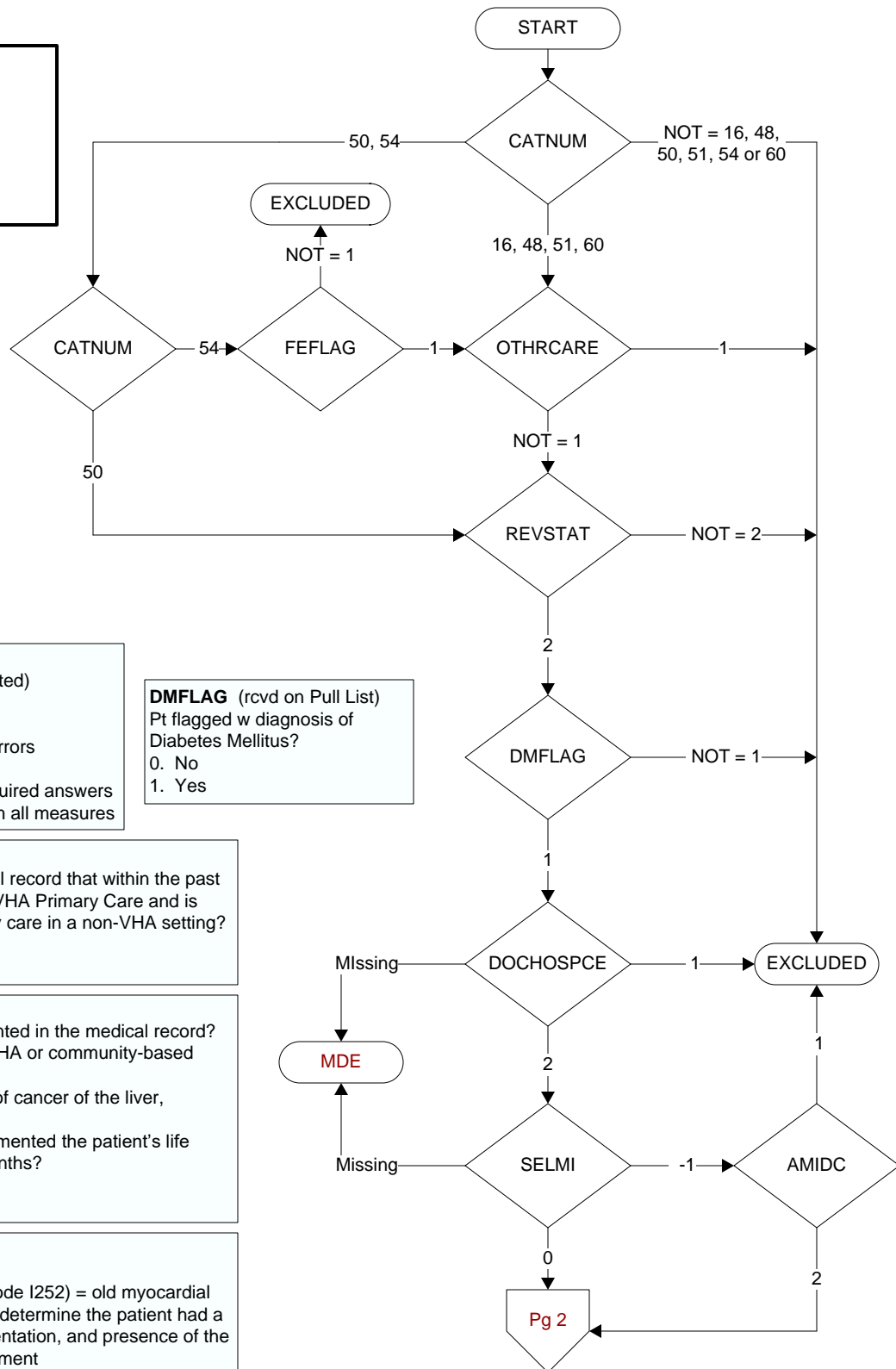
Is one of the following documented in the medical record?  
 -- The patient is enrolled in a VHA or community-based Hospice program  
 -- The patient has a diagnosis of cancer of the liver, pancreas, or esophagus  
 -- On the problem list it is documented the patient's life expectancy is less than 6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

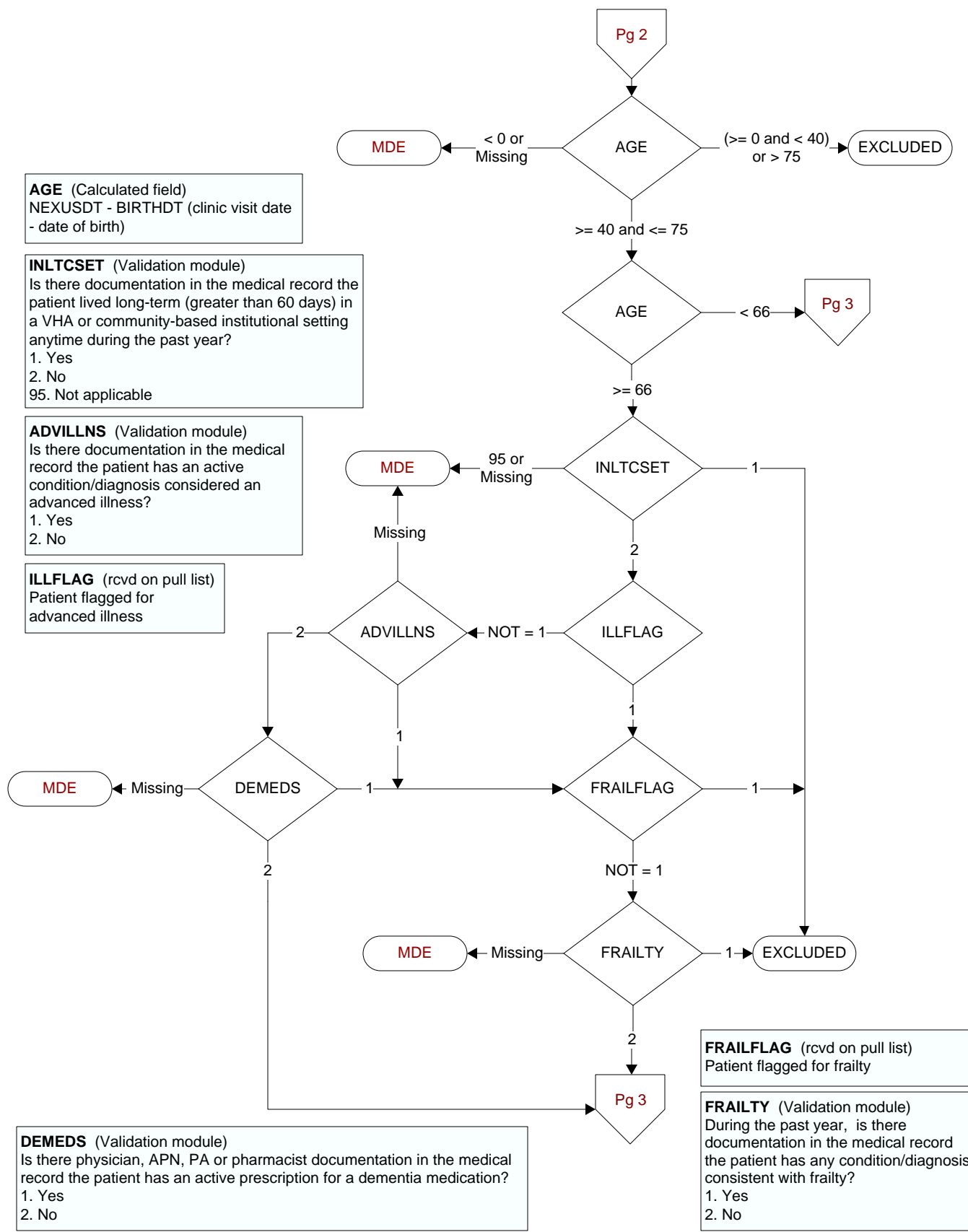
**SELM1** (CVD module)**4 = Old Myocardial Infarction**

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





**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) or dialysis (hemodialysis or peritoneal dialysis) in past two years****ICD-10 codes** N185, N186, Z9115, Z992, 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z

-1. Yes / True

0. No / False

**CIRRHOSIS** (Validation)

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

1. Yes

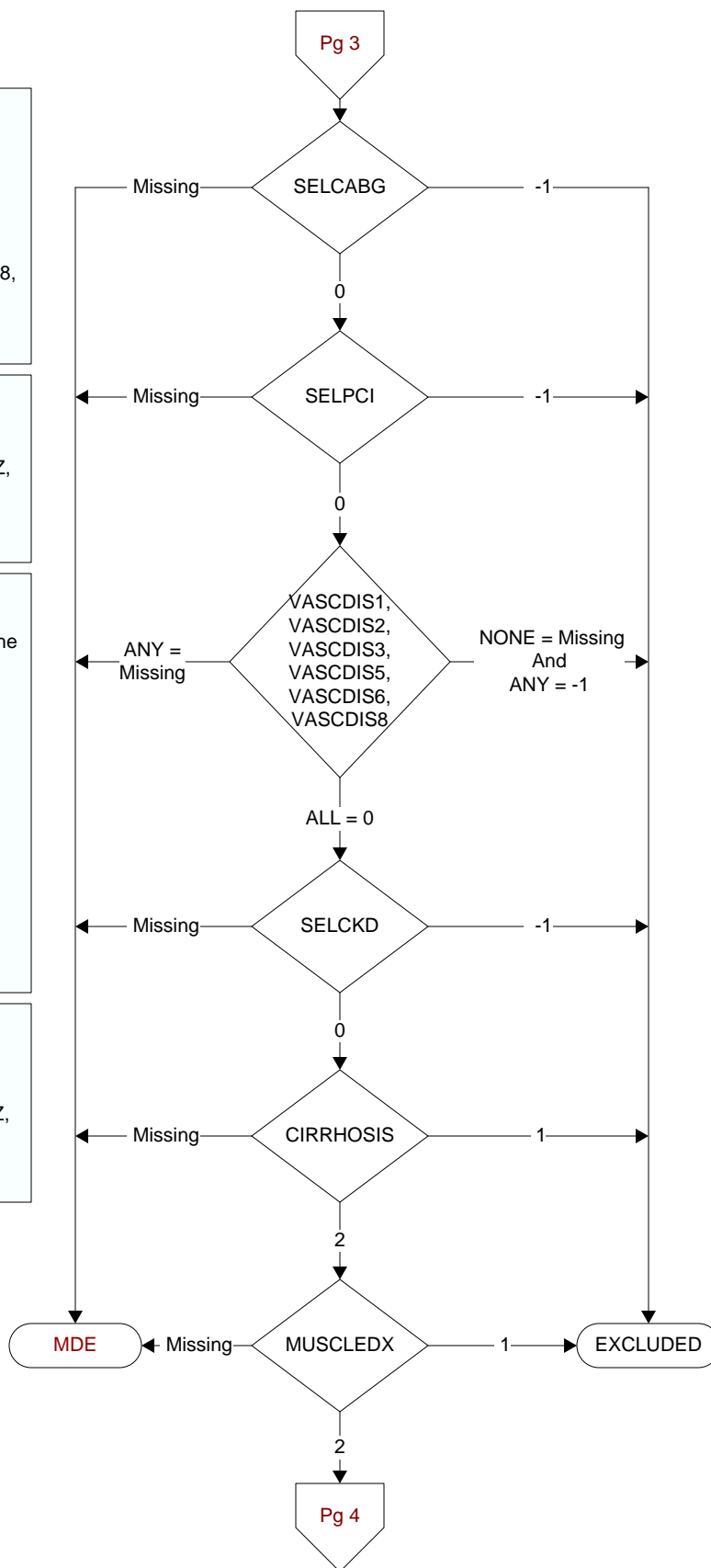
2. No

**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)

NEXUSDT - 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)

