

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

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

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)

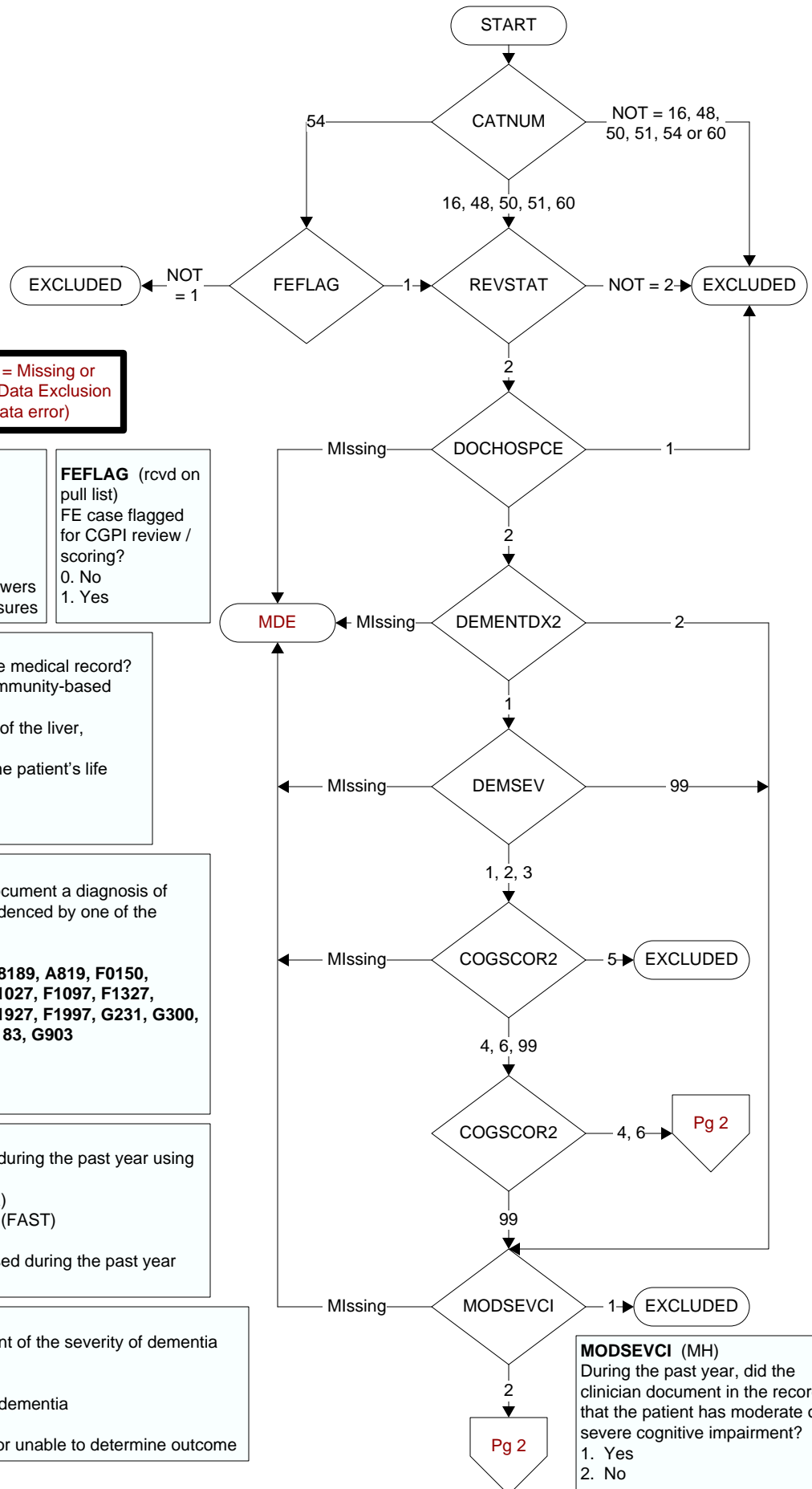
Was the severity of dementia assessed during the past year using
 one of the following standardized tools?
 1. Clinical Dementia Rating Scale (CDR)
 2. Functional Assessment Staging Tool (FAST)
 3. Global Deterioration Scale (GDS)
 99. Severity of dementia was not assessed during the past year
 using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



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graph TD
    A[Missing or Invalid] --> C([MDE])
    B[Missing] --> C
  
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SCRIPTSD5I9 (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

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)?

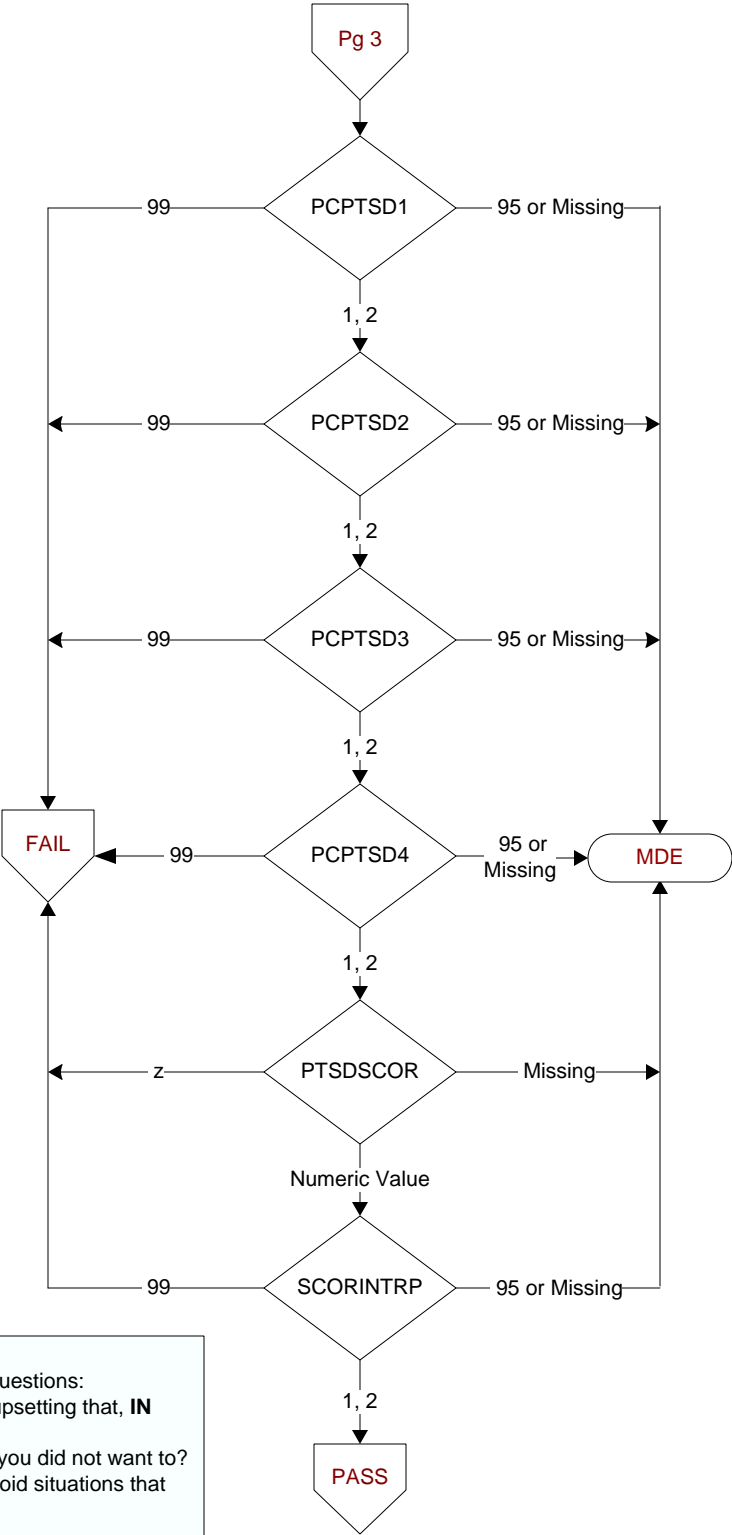
1. Yes
2. No

LEAVDUTY (MH)
Enter the patient's most recent date
of separation from active military
duty.

RECPTSDT (MH)
Enter the date within the past year of the most recent clinical encounter where PTSD was identified as a reason for the clinical encounter.

PCPTSDT (MH)
Enter the date of the most recent screen for PTSD using the PC-PTSD.

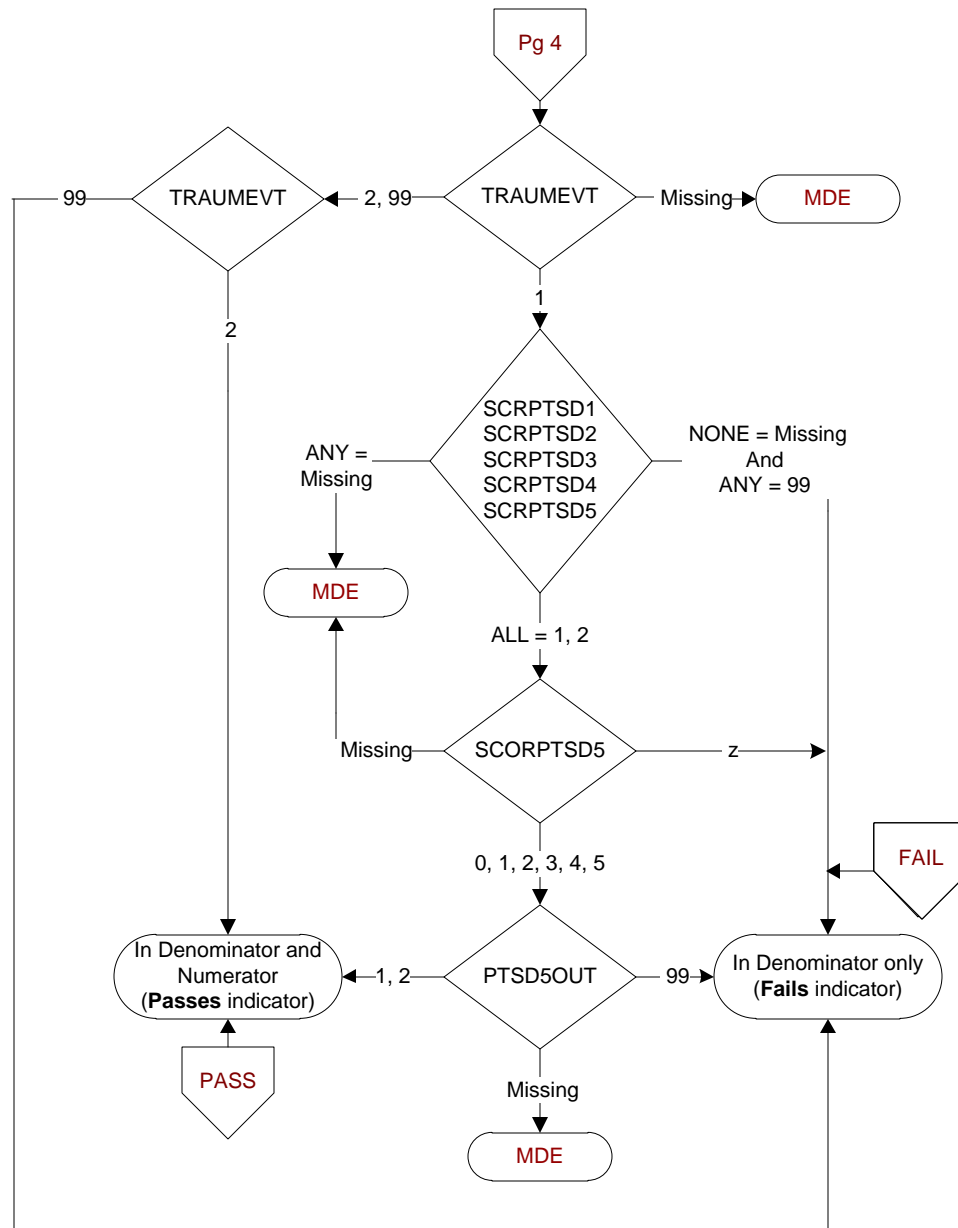




PTSDSCOR (MH)
Enter the total score for the screen documented in the record.
(Abstractor can enter default z if no total score is documented)

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

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

**TRAUMEVT (MH)**

Enter the response documented in the record for PC-PTSD5 +I9 exposure to traumatic event(s).

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

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

(MH) Enter the patient's answers to each of the PC-PTSD5 +I9 Screen questions:

In the past month, have you:

SCRPTSD1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

SCRPTSD2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?

SCRPTSD3. Been constantly on guard, watchful, or easily startled?

SCRPTSD4. Felt numb or detached from people, activities, or your surroundings?

SCRPTSD5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

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

SCORPTSD5 (MH)

Enter the total score for the PTSD screen documented in the record.

PTSD5OUT (MH)

Enter the interpretation of the PTSD screen as documented in the medical record.

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