

### 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

### **DOCHOSPCE** (PI module)

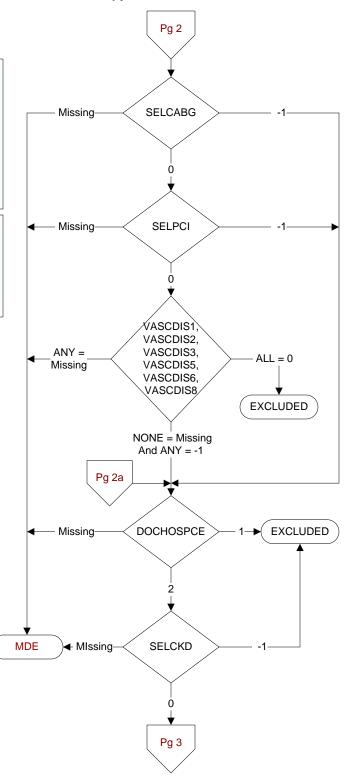
Is one of the following documented in the medical record:

- 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?

# 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) 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

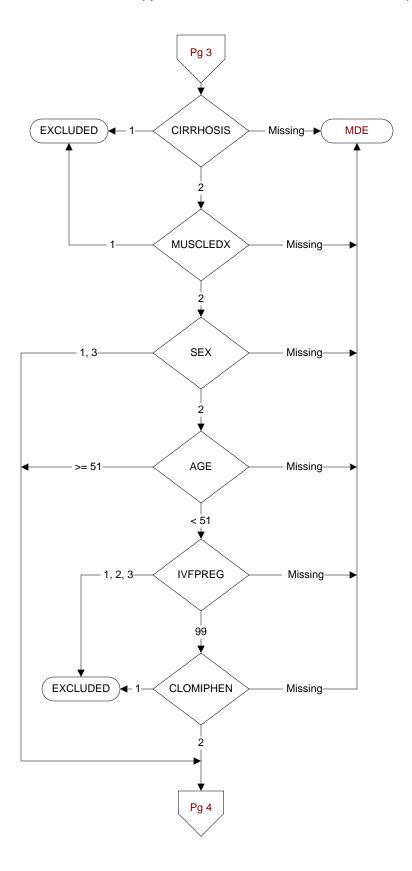
99. None of the above

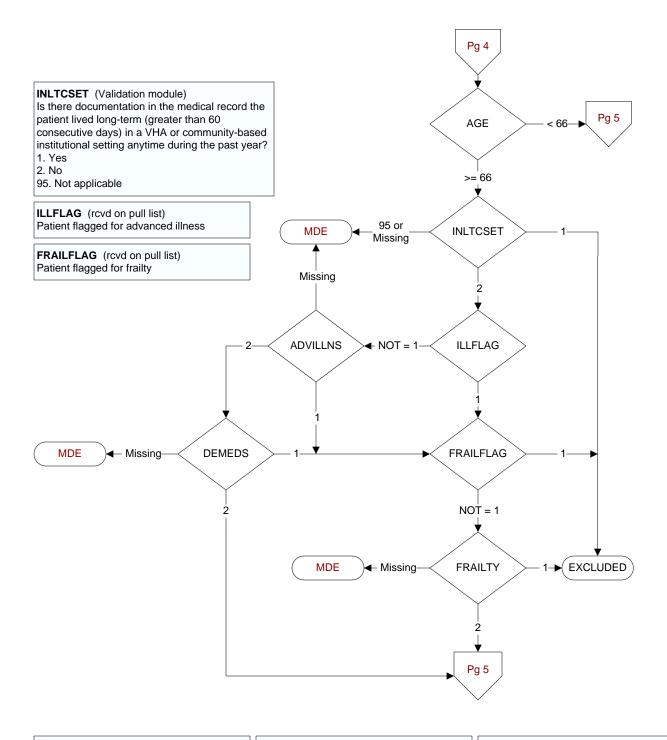
## **CLOMIPHEN** (Validation)

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

1. Yes

2. No





**DEMEDS** (Validation module)
Is there physician, APN, PA or pharmacist documentation in the medical record the patient has an active prescription for a dementia medication?

1. Yes

2. No

**ADVILLNS** (Validation module)

Is there documentation in the medical record the patient has an active condition/diagnosis considered an advanced illness?

1. Yes

2. No

**FRAILTY** (Validation module) During the past year, is there documentation in the medical record the patient has any condition/diagnosis consistent with frailty?

1. Yes

2. No

