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
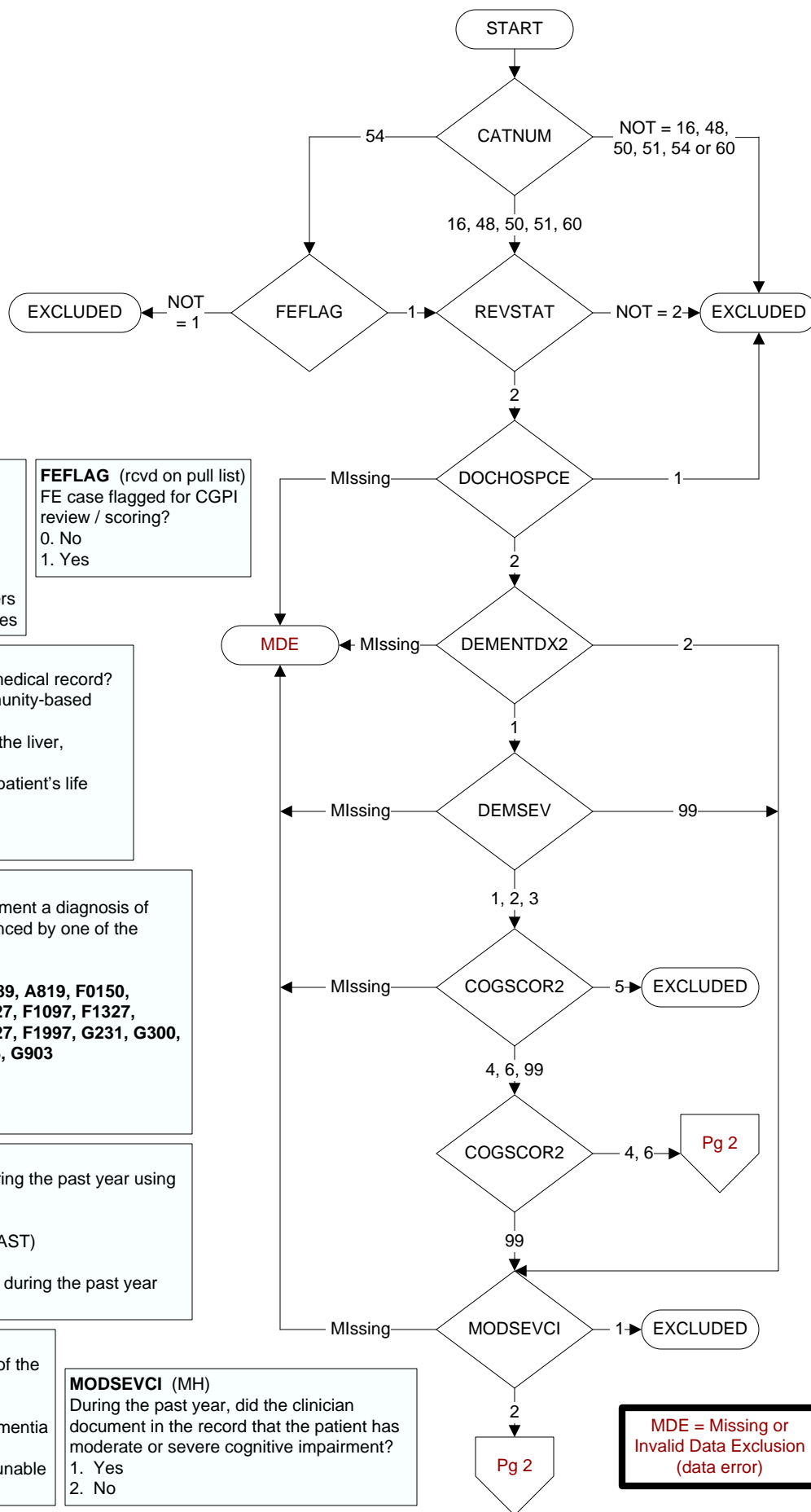
COGSCOR2 (MH)
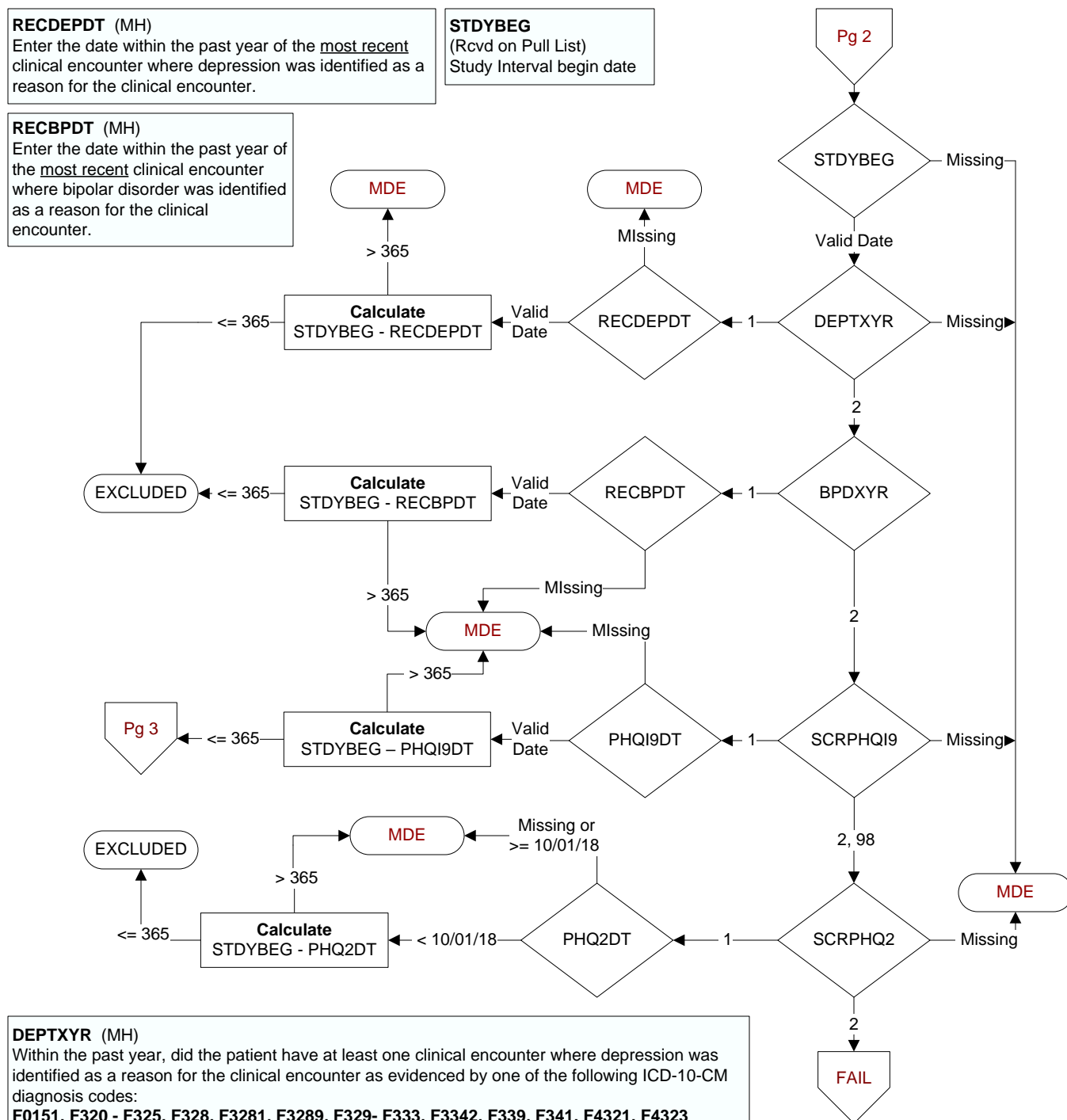What was the outcome of the assessment of the severity of dementia assessment?
4. Score indicated mild dementia
5. Score indicated moderate to severe dementia
6. Score indicated no dementia
99. No score documented in the record or unable to determine outcome

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

START → CATNUM
- CATNUM = 54 → FEFLAG
- CATNUM = 16, 48, 50, 51, 60 → REVSTAT
- CATNUM NOT = 16, 48, 50, 51, 54 or 60 → EXCLUDED

FEFLAG NOT = 1 → EXCLUDED
FEFLAG = 1 → REVSTAT

REVSTAT NOT = 2 → EXCLUDED
REVSTAT = 2 → DOCHOSPCE

DOCHOSPCE = MIssing → MDE
DOCHOSPCE = 1 → EXCLUDED
DOCHOSPCE = 2 → DEMENTDX2

DEMENTDX2 = MIssing → MDE
DEMENTDX2 = 2 → MODSEVCI
DEMENTDX2 = 1 → DEMSEV

DEMSEV = MIssing → MDE
DEMSEV = 99 → (down to MODSEVCI path)
DEMSEV = 1, 2, 3 → COGSCOR2

COGSCOR2 = MIssing → MDE
COGSCOR2 = 5 → EXCLUDED
COGSCOR2 = 4, 6, 99 → COGSCOR2

COGSCOR2 = 4, 6 → Pg 2
COGSCOR2 = 99 → MODSEVCI

MODSEVCI = MIssing → MDE
MODSEVCI = 1 → EXCLUDED
MODSEVCI = 2 → Pg 2

MDE = Missing or Invalid Data Exclusion (data error)

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

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

STDYBEG
(Rcvd on Pull List)
Study Interval begin date

Pg 2

STDYBEG — Missing

Valid Date

MDE

MDE

MIssing

> 365

Calculate
STDYBEG - RECDEPDT ← Valid Date — RECDEPDT ← 1 — DEPTXYR — Missing ▶

<= 365

2

EXCLUDED ← <= 365 — **Calculate**
STDYBEG - RECBPDT ← Valid Date — RECBPDT ← 1 — BPDXYR

> 365

MIssing

MDE ← MIssing

2

> 365

Pg 3 ← <= 365 — **Calculate**
STDYBEG – PHQI9DT ← Valid Date — PHQI9DT ← 1 — SCRPHQI9 — Missing ▶

2, 98

EXCLUDED

MDE ← Missing or >= 10/01/18

> 365

MDE

<= 365 — **Calculate**
STDYBEG - PHQ2DT ← < 10/01/18 — PHQ2DT ← 1 — SCRPHQ2 — Missing

2

FAIL

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:
F0151, F320 - F325, F328, F3281, F3289, F329- F333, F3342, F339, F341, F4321, F4323

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:
F3010 – F3013, F302 – F304, F308 - F310, F3110 – F3113, F312, F3130 – F3132, F314, F315, F3160 – F3164, F3170 – F3178, 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

PHQ2DT (MH)
Enter the date within the past year and prior to 10/01/2018 of the most recent screening for depression by the PHQ-2.

PHQI9DT (MH)
Enter the date within the past year of the most recent screening for depression by the PHQ-2 +I9.

PHQ1SCOR (MH)
Enter the score for PHQ-2 Question 1 documented in the record:
Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?
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

PHQ2SCOR (MH)
Enter the score for PHQ-2 Question 2 documented in the record:
Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?
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

PHQTOTAL (MH)
Enter the total score for the PHQ-2 questions documented in the medical record.

OUTCOME3 (MH)
Enter the interpretation of the depression screen as documented in the medical record.
1. Positive
2. Negative
99. No interpretation documented

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