

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**

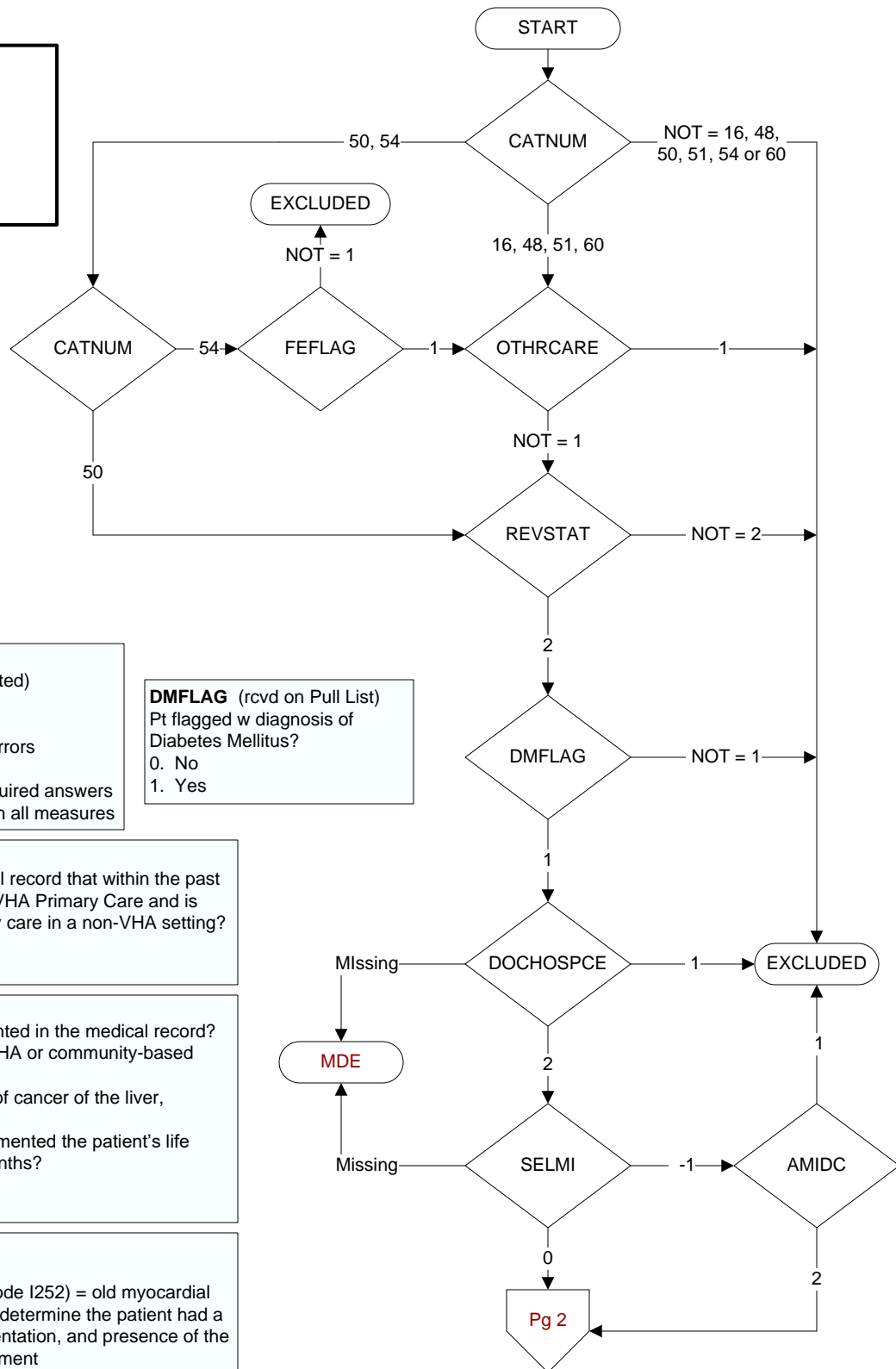
ICD-9-CM code 412 (ICD-10 code I252) = old myocardial infarction. The abstractor may determine the patient had a past AMI from clinician documentation, and presence of the code is not an absolute requirement

-1. Yes
 0. No

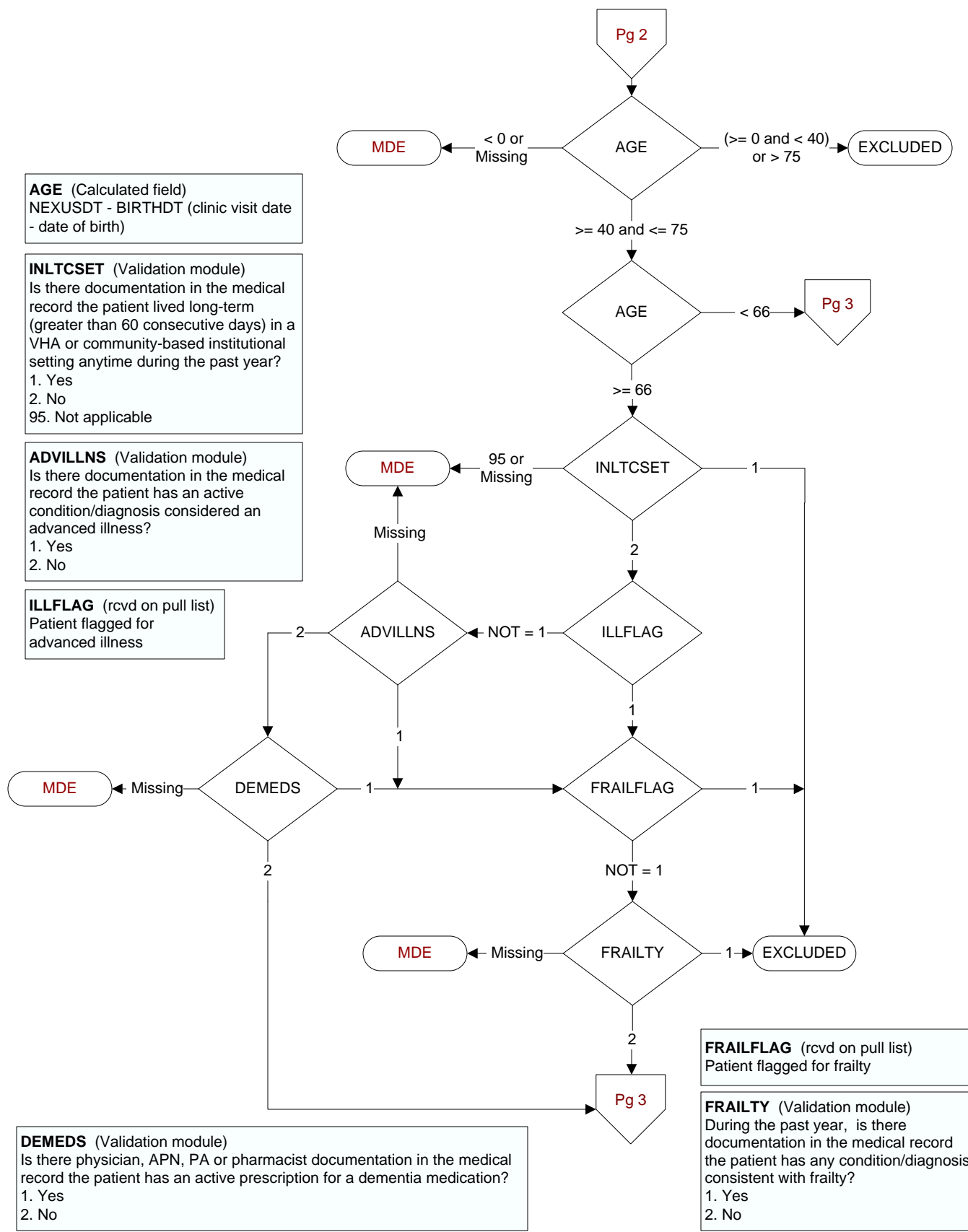
AMIDC (CVD module)

Did the patient's AMI occur during the time frame from (computer to display stdybeg – 2 years to stdyend)?

1. Yes
 2. No



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



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**VASCDIS9.** Thoracoabdominal or thoracic aortic aneurysm**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

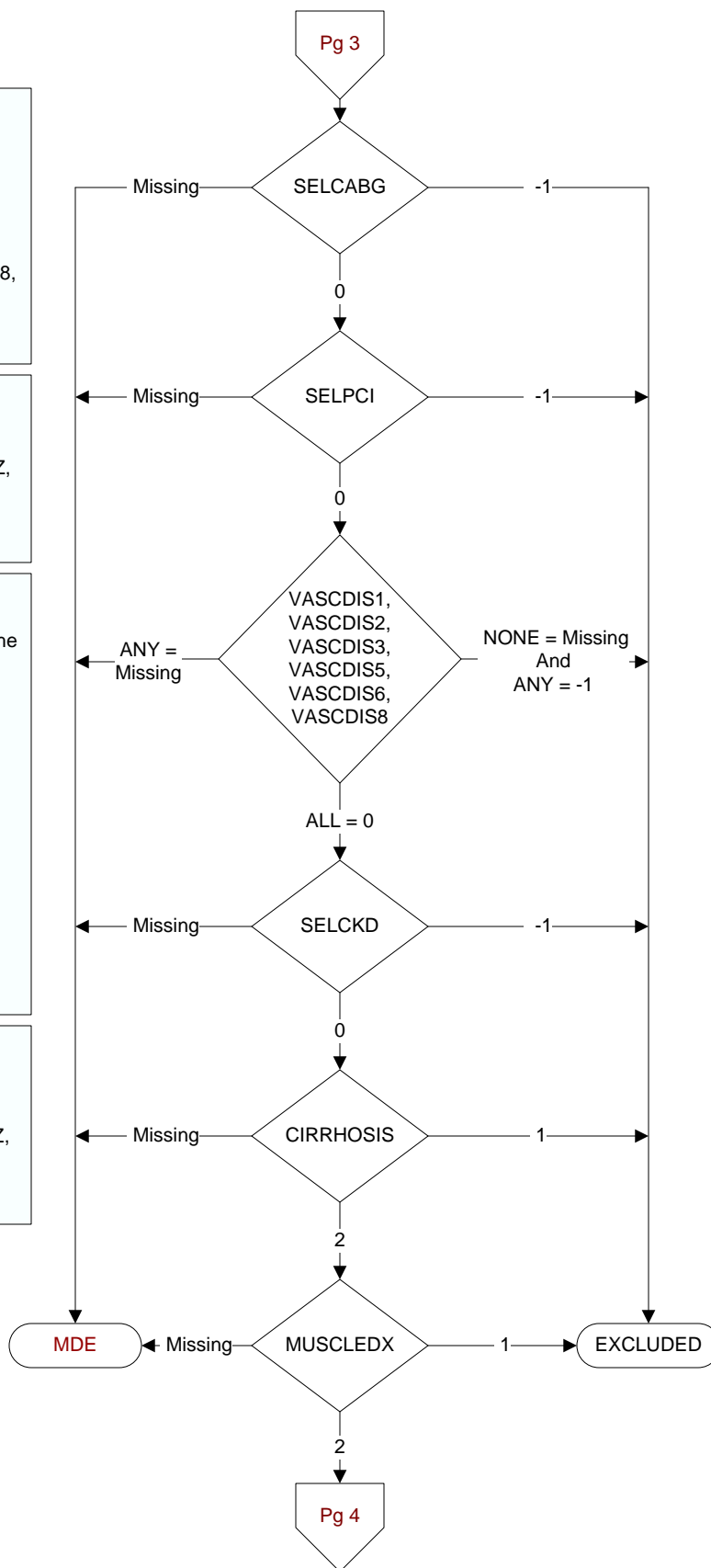
2. No

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)

NEXUSD - 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)

