

**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:

**A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50,  
 F01.51, F02.80, F02.81, F03.90, F03.91, F10.27, F10.97, F13.27,  
 F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G23.1,  
 G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G90.3**

1. Yes  
 2. No

**DEMSEV** (MH)

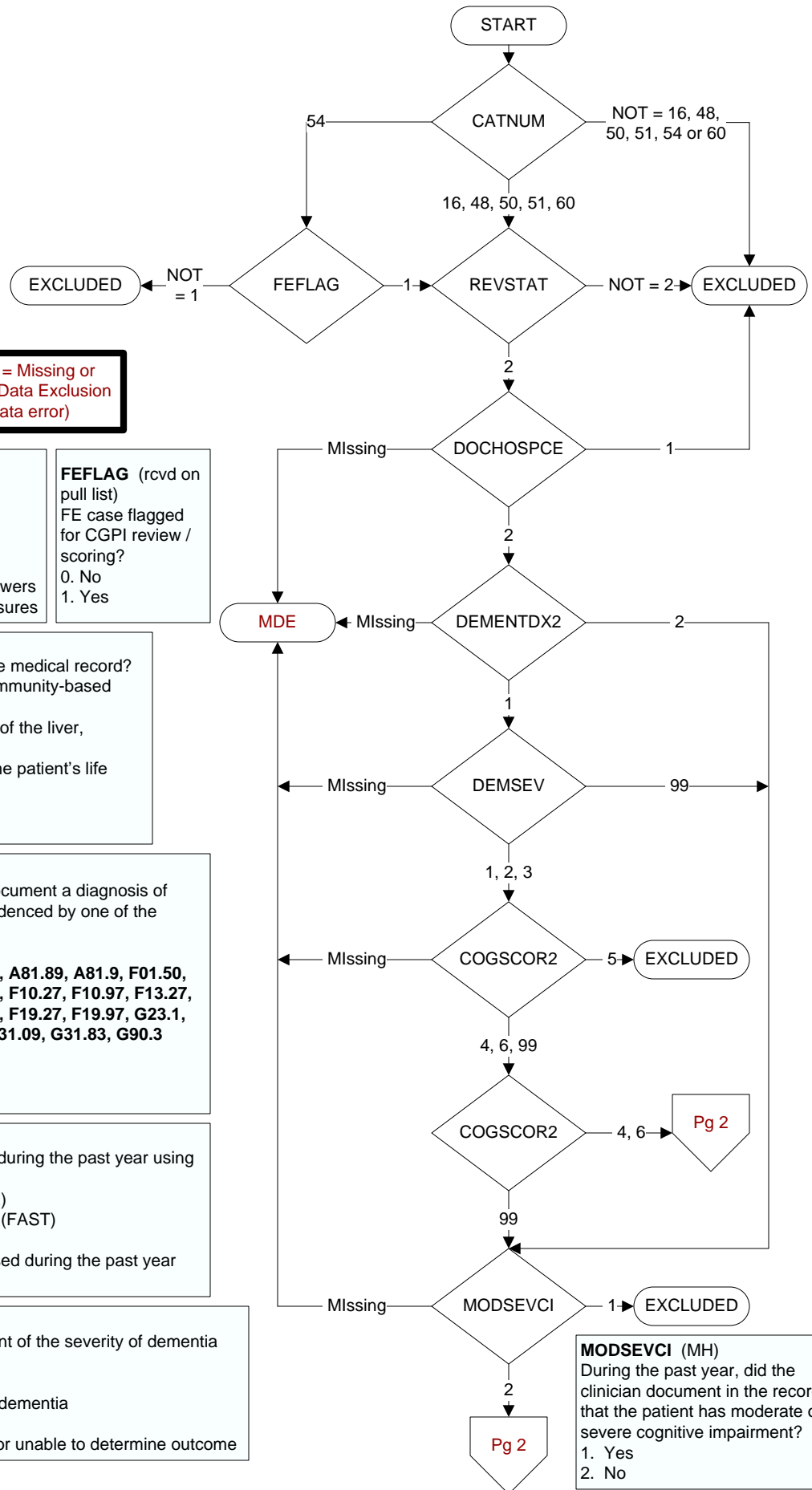
Was the severity of dementia assessed during the past year using  
 one of the following standardized tools?  
 1. Clinical Dementia Rating Scale (CDR)  
 2. Functional Assessment Staging Tool (FAST)  
 3. Global Deterioration Scale (GDS)  
 99. Severity of dementia was not assessed during the past year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



**PTSDX (MH)**

Within the past year, did the patient have at least one clinical encounter where PTSD was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

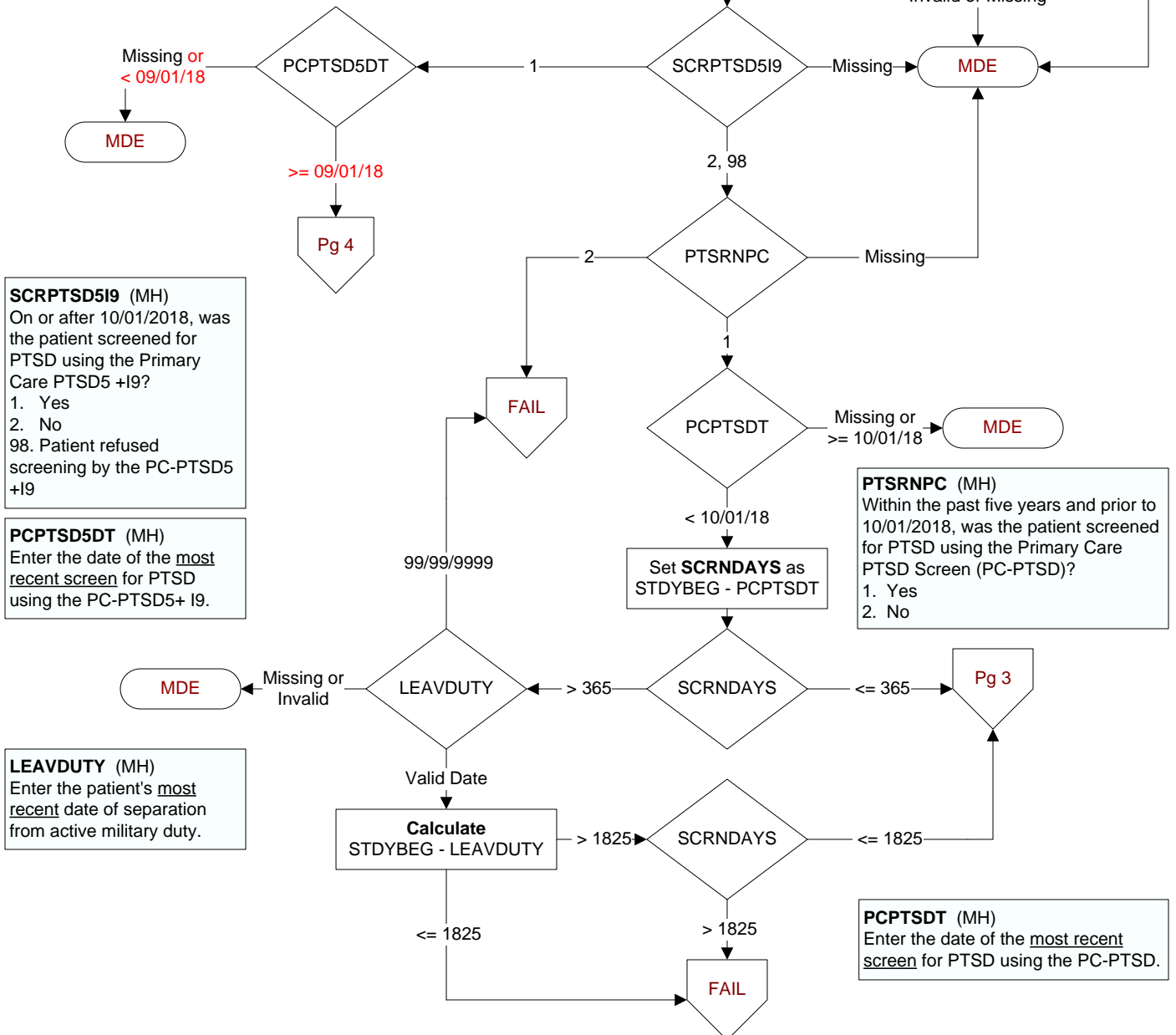
**F43.1, F43.10 - F43.12**

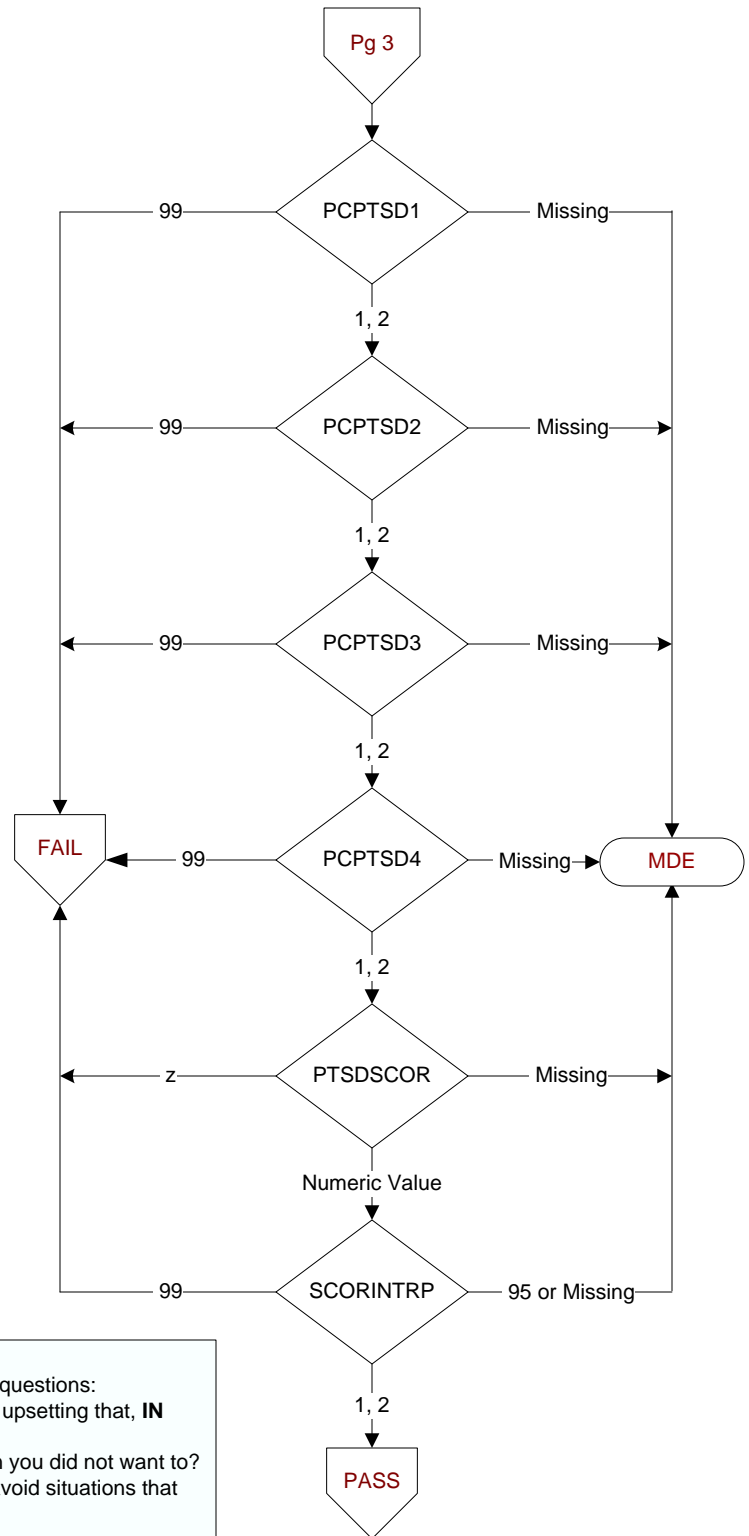
1. Yes
2. No

**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.

**STDYBEG** (rcvd on pull list)  
Study interval begin date



**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:

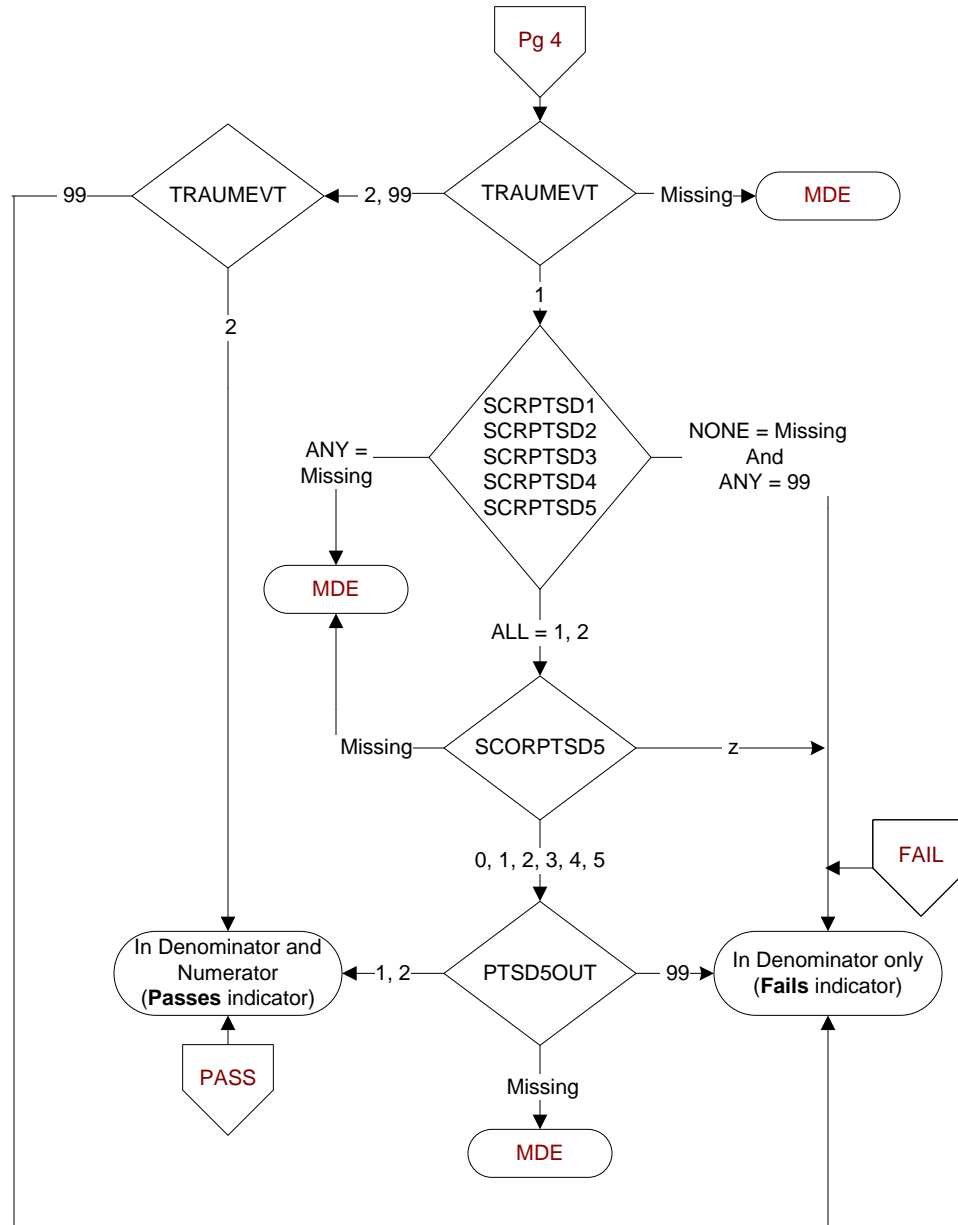
**PCPTSD1.** Have had any nightmares about it or thought about it when you did not want to?

**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