

## 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)

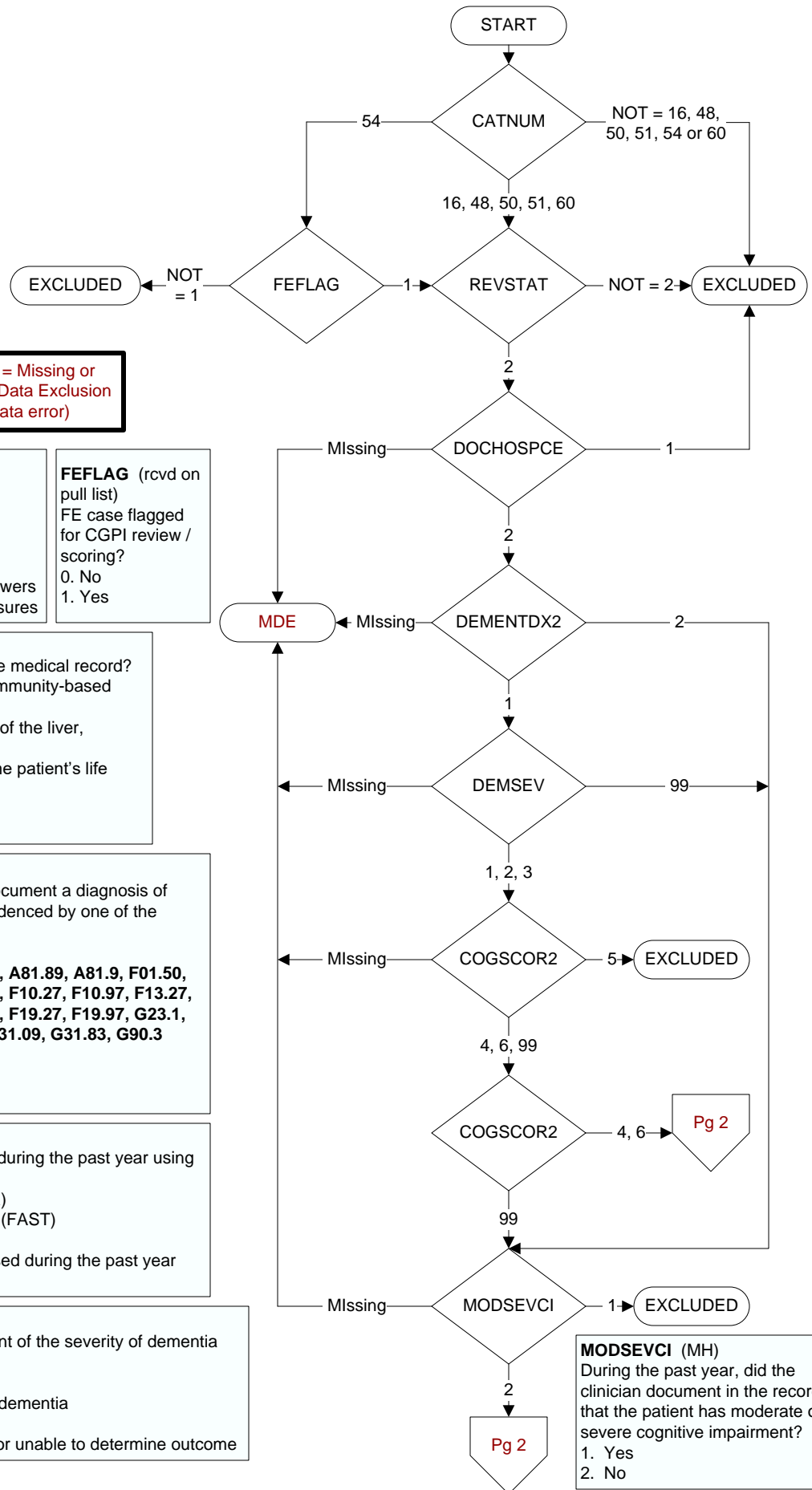
Was the severity of dementia assessed during the past year using  
one of the following standardized tools?  
1. Clinical Dementia Rating Scale (CDR)  
2. Functional Assessment Staging Tool (FAST)  
3. Global Deterioration Scale (GDS)  
99. Severity of dementia was not assessed during the past year 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

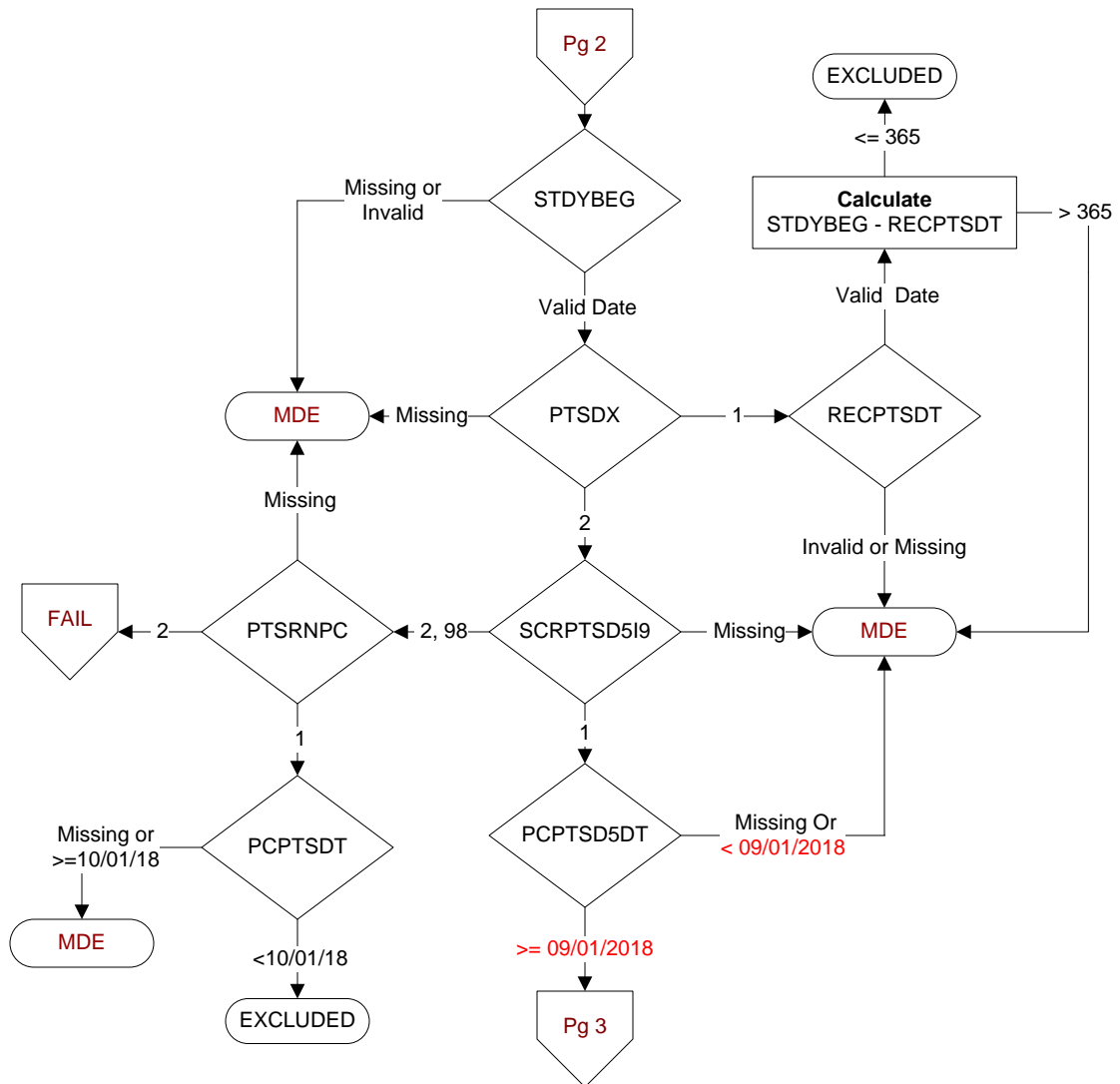
## COGSCOR2 (MH)

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





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

**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:

**F431, F4310 - F4312**

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.

**PTSRNPC** (MH)  
Within the past five years, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

1. Yes
2. No

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

**SCRPTSD5I9** (MH)  
On or after 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD5 +I9?

1. Yes
2. No
98. Patient refused screening by the PC-PTSD5 +I9

**PCPTSD5DT** (MH)  
Enter the date of the most recent screen for PTSD using the PC-PTSD5+ I9.

**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

**PTSD5OUT (MH)**

Enter the interpretation of the PC-PTSD5 +I9 as documented in the medical record.

1. Positive
2. Negative
99. No interpretation documented

**SCRPTSD5 (MH)**

Enter the total score for the PC-PTSD5 +I9 screen documented in the record.

**PTSDI9SCOR (MH)**

Enter the score for item 9 question #6 of the PC-PTSD5 + 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

**PTSDI9OUT (MH)**

Enter the interpretation of item 9 question #6 of the PC-PTSD5- +I9 screen as documented in the medical record.

1. Positive
2. Negative
99. No interpretation documented

