

**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:

**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

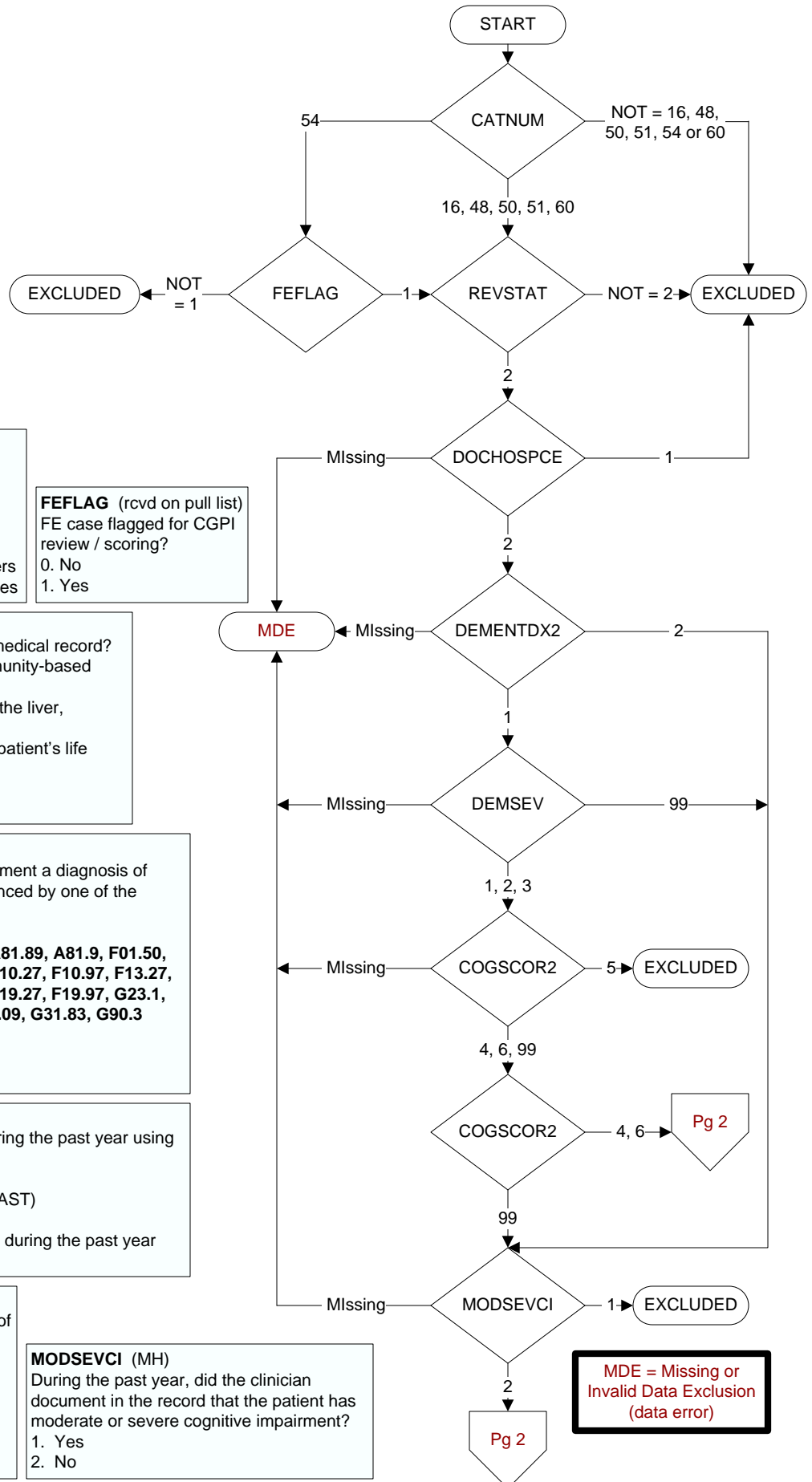
**COGSCOR2** (MH)

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



**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:

**F01.51, F32.0 - F32.5, F32.81, F32.89, F32.9- F33.3, F33.42, F33.9, F34.1, F43.21, F43.23**

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:

**F30.10 - F30.13, F30.2 - F30.4, F30.8 - F31.0, F31.10 - F31.13, F31.2, F31.30 - F31.32, F31.4, F31.5, F31.60 - F31.64, F31.70 - F31.78, F31.81, F31.89, F31.9**

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 by the PHQ-2 + I9

**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

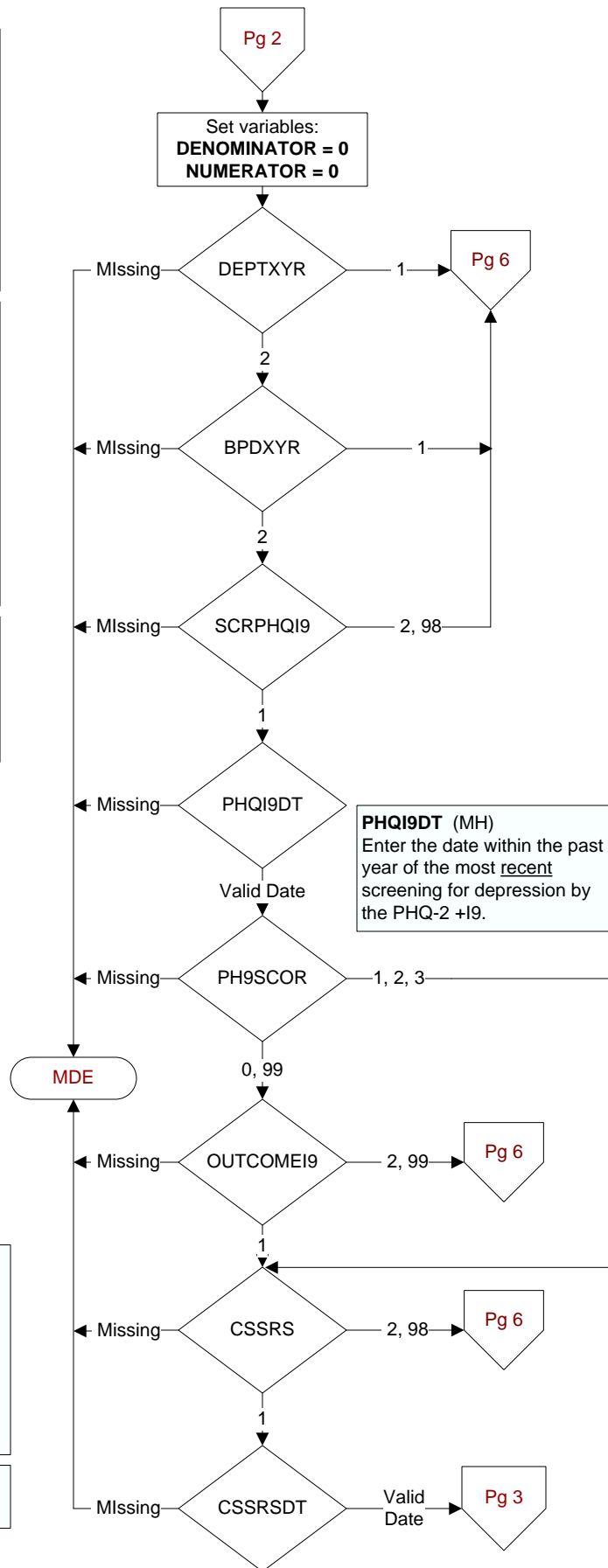
**CSSRS (MH)**

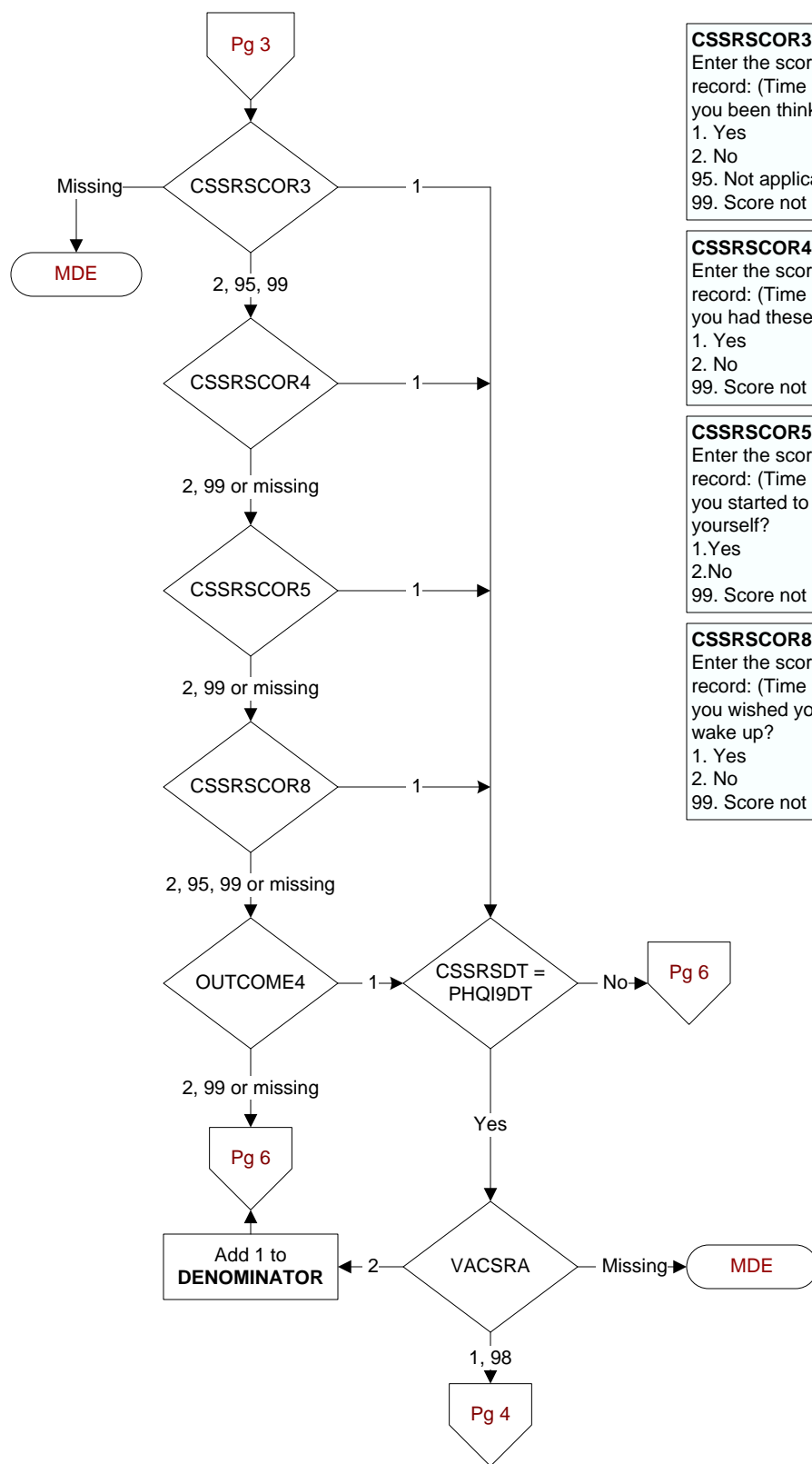
During the timeframe from (computer to display phqi9dt to phqi9dt +1 day), the day of or day after the positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

1. Yes
2. No
98. Patient refused to complete the C-SSRS Screener

**CSSRSDT (MH)**

Enter the earliest date the C-SSRS Screener was completed.



**CSSRSCOR3 (MH)**

Enter the score for C-SSRS Screener Question 3 documented in the record: (Time period designated, e.g. Over the past month) Have you been thinking about how you might do this?

- 1. Yes
- 2. No
- 95. Not applicable
- 99. Score not documented

**CSSRSCOR4 (MH)**

Enter the score for C-SSRS Screener Question 4 documented in the record: (Time period designated e.g., Over the past month) Have you had these thoughts and had some intention of acting on them?

- 1. Yes
- 2. No
- 99. Score not documented

**CSSRSCOR5 (MH)**

Enter the score for C-SSRS Screener Question 5 documented in the record: (Time period designated e.g., Over the past month) Have you started to work out or worked out the details of how to kill yourself?

- 1. Yes
- 2. No
- 99. Score not documented

**CSSRSCOR8 (MH)**

Enter the score for C-SSRS Screener Question 1 documented in the record: (Time period designated, e.g. Over the past month) Have you wished you were dead or wished you could go to sleep and not wake up?

- 1. Yes
- 2. No
- 99. Score not documented

**OUTCOME4 (MH)**

Enter the interpretation of the C-SSRS Screener as documented in the medical record.

- 1. Positive
- 2. Negative
- 99. No interpretation documented

**VACSRA (MH)**

On (computer to display **phqi9dt**), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence of a signed Comprehensive Suicide Risk Evaluation (CSRE) in the record?

- 1. Yes
- 2. No
- 98. Patient refused to complete CSRE

**REFCSRE (MH)**

Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?

1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
2. Yes, due to Veteran's medical condition (e.g., dementia, etc.)
3. Yes, due to Other (e.g., refusal)
4. No (no checkbox indicates validity of the CSRE information was not in question)
99. No documentation whether the validity of the CSRE information was or was not in question

**VACSRAACU (MH)**

Enter the Clinical Impression of Acute Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Acute risk not documented

**VACSRACHR (MH)**

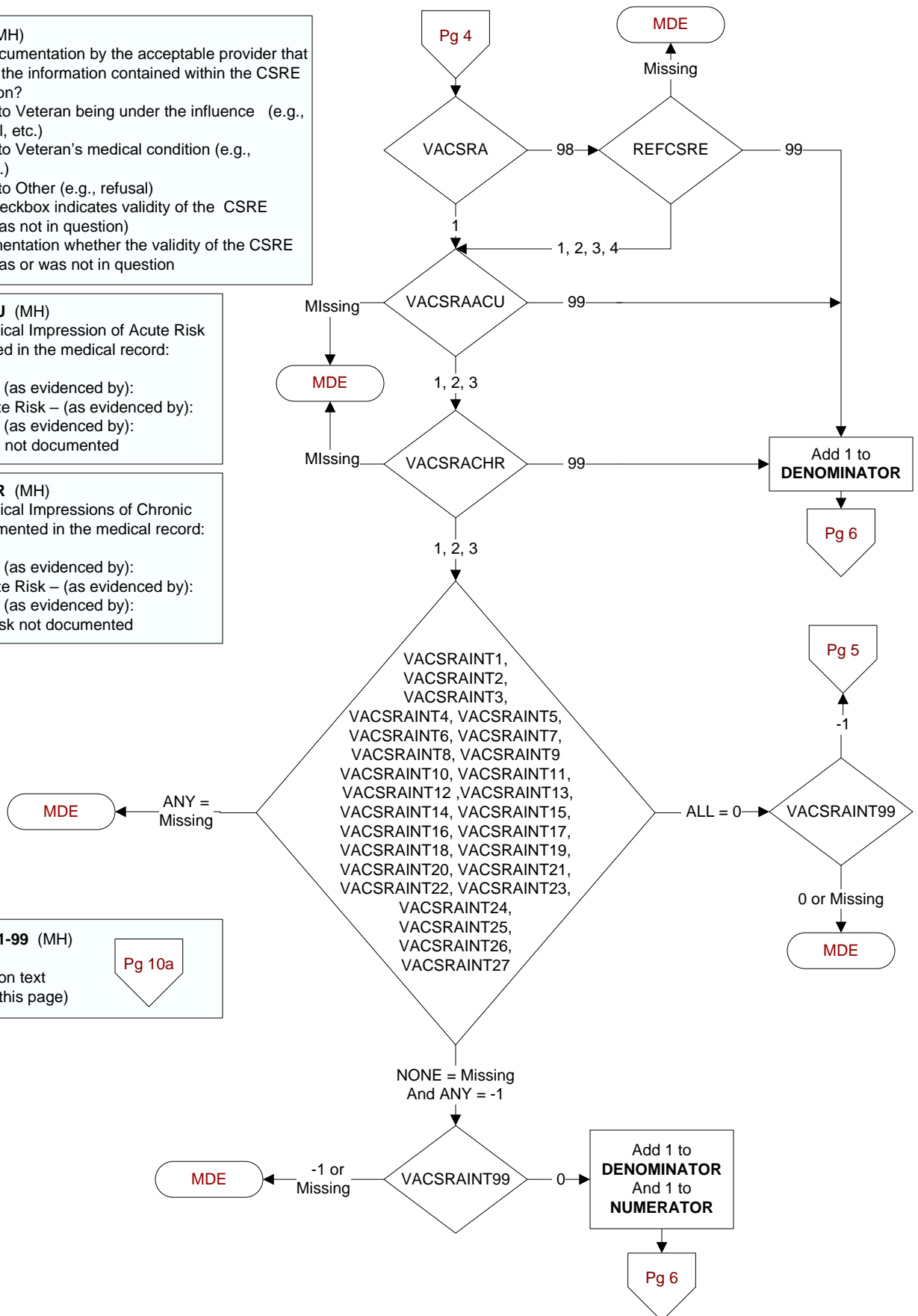
Enter the Clinical Impressions of Chronic Risk as documented in the medical record:

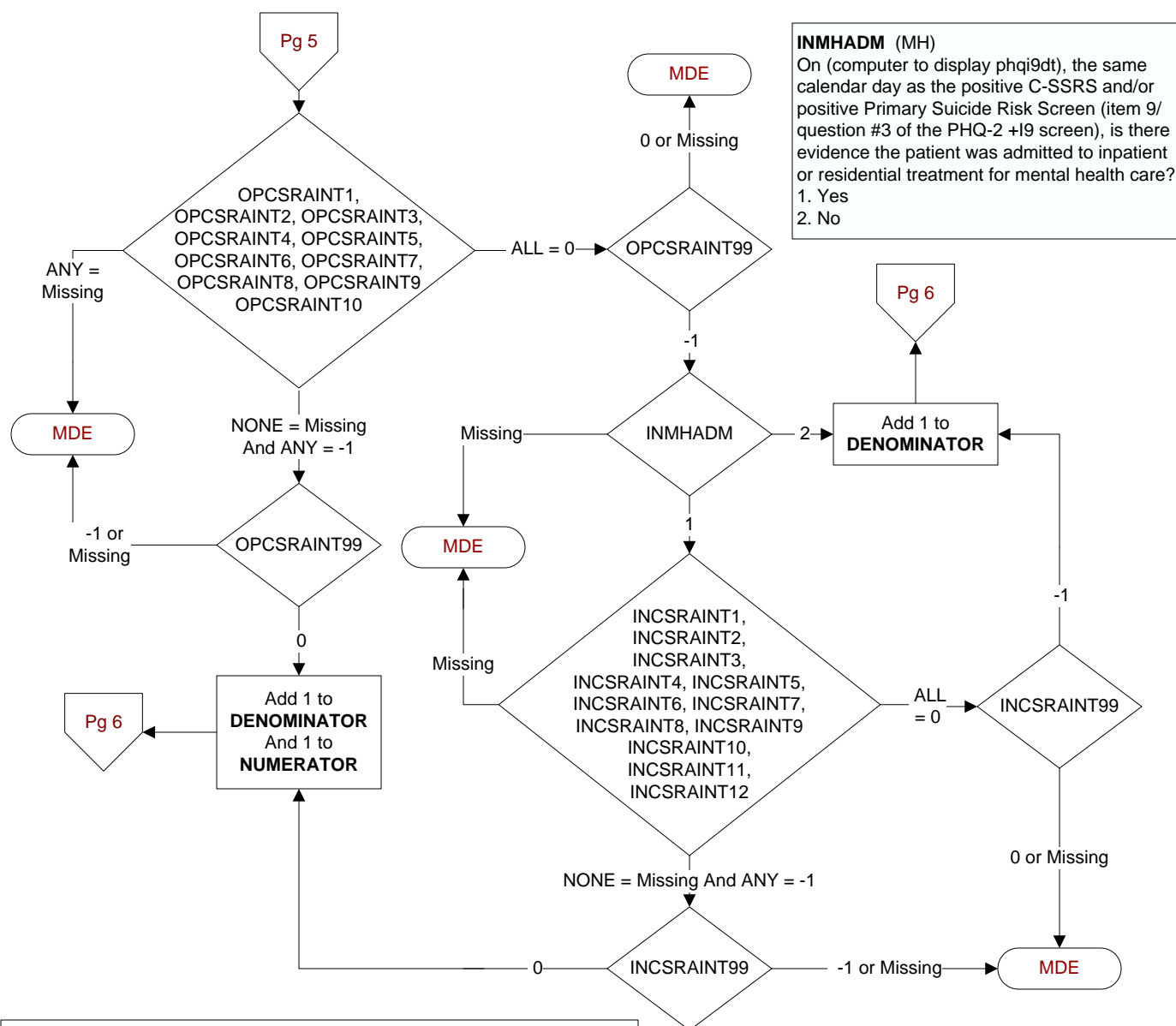
1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Chronic risk not documented

**VACSRAINT1-99 (MH)**

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Please enter the course of action documented in the record from the following list of interventions.

**General Strategies for Managing Risk in the inpatient or residential treatment setting (The provider may add additional comment/ interventions as needed.) (MH)**

Select all that apply:

- INCSRAINT1.** Initiate unit-specific suicide precautions protocol  
**INCSRAINT2.** Initiate more frequent rounding: q \_\_\_\_\_ minute rounding  
**INCSRAINT3.** Initiate one-to-one constant observation per facility policy  
**INCSRAINT4.** Assign bedroom close to unit work station  
**INCSRAINT5.** Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise  
**INCSRAINT6.** Increased symptom monitoring  
**INCSRAINT7.** Engage Veteran in recovery plan during inpatient treatment  
**INCSRAINT8.** Engage Veteran in interdisciplinary treatment planning during inpatient treatment  
**INCSRAINT9.** Engage Veteran in safety plan during inpatient treatment  
**INCSRAINT10.** For Veterans not at high risk for suicide, prior to discharge ensure that a minimum of 3 mental health visits are scheduled within 30 days of discharge. Date and time of first appointment:  
**INCSRAINT11.** For Veterans at high risk for suicide, prior to discharge ensure that a minimum of 4 follow-up appointments are scheduled within 30 days of discharge. Date and time of first appointment:  
**INCSRAINT12.** Other  
**INCSRAINT99.** No interventions documented by the provider

Please enter the course of action documented in the record from the following list of interventions.

**General Strategies for Managing Risk in the Outpatient setting (The provider may add additional comment/ interventions as needed.) (MH)**

Select all that apply:

- OPCSRAINT1.** Initiate 9-1-1/ Rescue  
**OPCSRAINT2.** Initiate Involuntary Hospitalization  
**OPCSRAINT3.** Initiate Voluntary Hospitalization  
**OPCSRAINT4.** Initiate one-on-one observation  
**OPCSRAINT5.** Initiate Health and Welfare Check  
**OPCSRAINT6.** Initiate a Hospital Transportation Plan  
**OPCSRAINT7.** Educate Veteran on emergency services  
**OPCSRAINT8.** Increase frequency of outpatient contacts (Indicate frequency: text box)  
**OPCSRAINT9.** For home-based care: Increase frequency of home visits (Indicate frequency: text box)  
**OPCSRAINT10.** Schedule for follow up appointments (Comment/Date: text box)  
**OPCSRAINT99.** No interventions documented by the provider

**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

**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.

**PTSDI9SCOR (MH)**

Enter the score for the Primary Suicide Risk Screen (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 the Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen) as documented in the medical record.

1. Positive
2. Negative
99. No interpretation documented

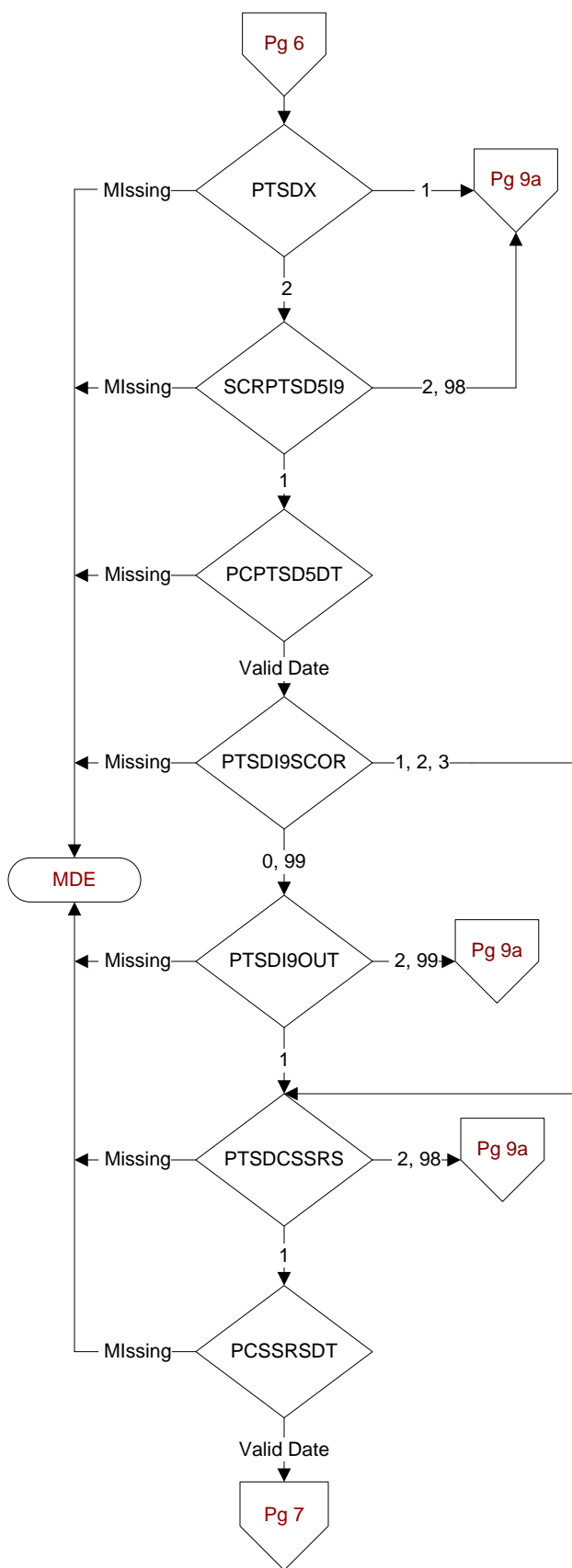
**PTSDCSSRS (MH)**

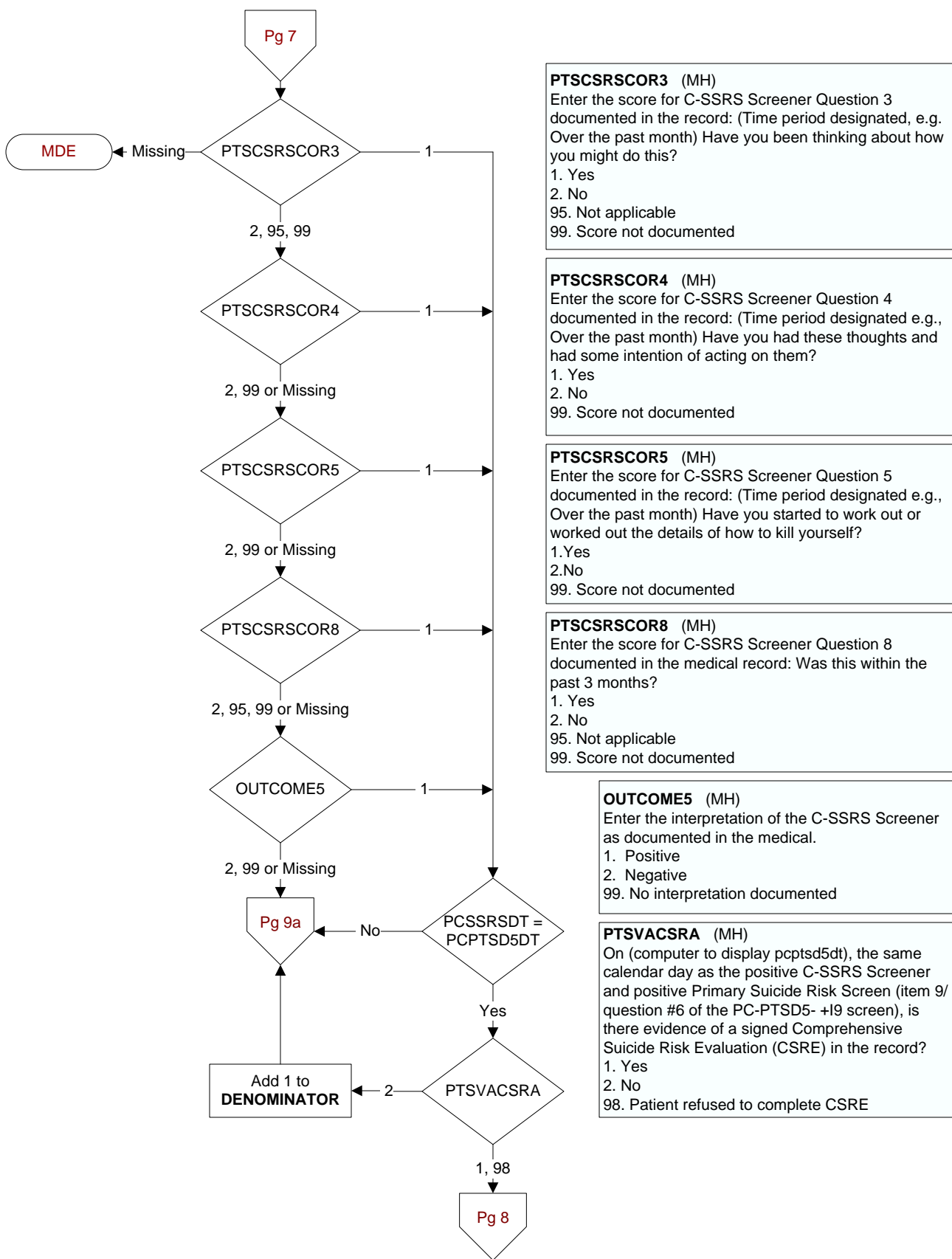
During the timeframe from (computer to display pcptsd5dt to pcptsd5dt + 1 day), the day of or the day after the positive Primary Suicide Risk Screen (item 9/question #6 of the PC-PTSD5- +I9 screen), did the acceptable provider complete the Columbia-Suicide Severity Rating Scale (C-SSRS) Screener?

1. Yes
2. No
98. Patient refused to complete the C-SSRS Screener

**PCSSRSDT (MH)**

Enter the earliest date the C-SSRS Screener was completed.





**REFCSRE2 (MH)**

Was there documentation by the acceptable provider that the validity of the information contained within the CSRE was in question?

1. Yes, due to Veteran being under the influence (e.g., drugs, alcohol, etc.)
2. Yes, due to Veteran's medical condition (e.g., dementia, etc.)
3. Yes, due to Other (e.g., refusal)
4. No (no checkbox indicates validity of the CSRE information was not in question)
99. No documentation whether the validity of the CSRE information was or was not in question

**PTSDCSRAACU (MH)**

Enter the Clinical Impression of Acute Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Acute risk not documented

**PTSDCSRACHR (MH)**

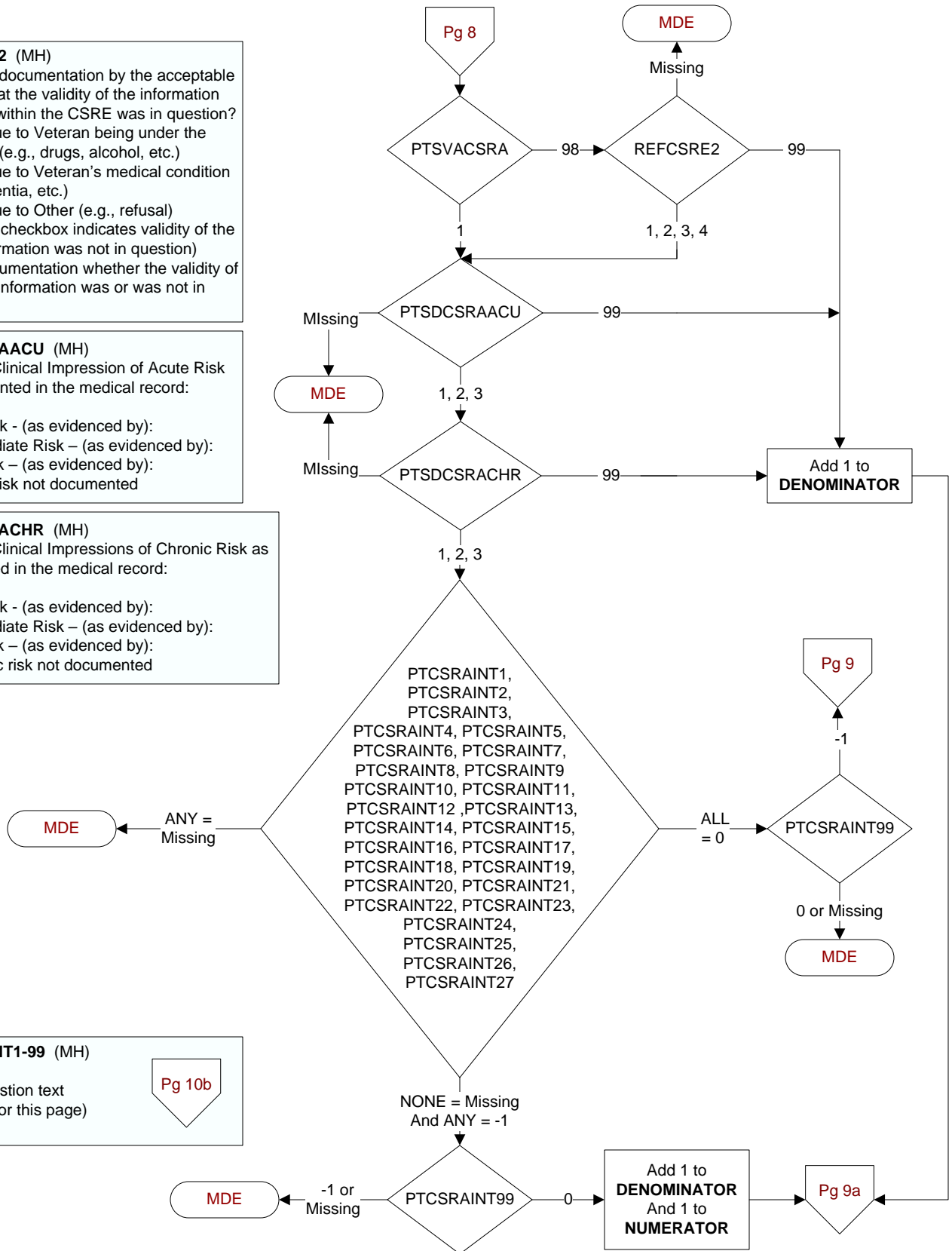
Enter the Clinical Impressions of Chronic Risk as documented in the medical record:

1. High Risk - (as evidenced by):
2. Intermediate Risk - (as evidenced by):
3. Low Risk - (as evidenced by):
99. Chronic risk not documented

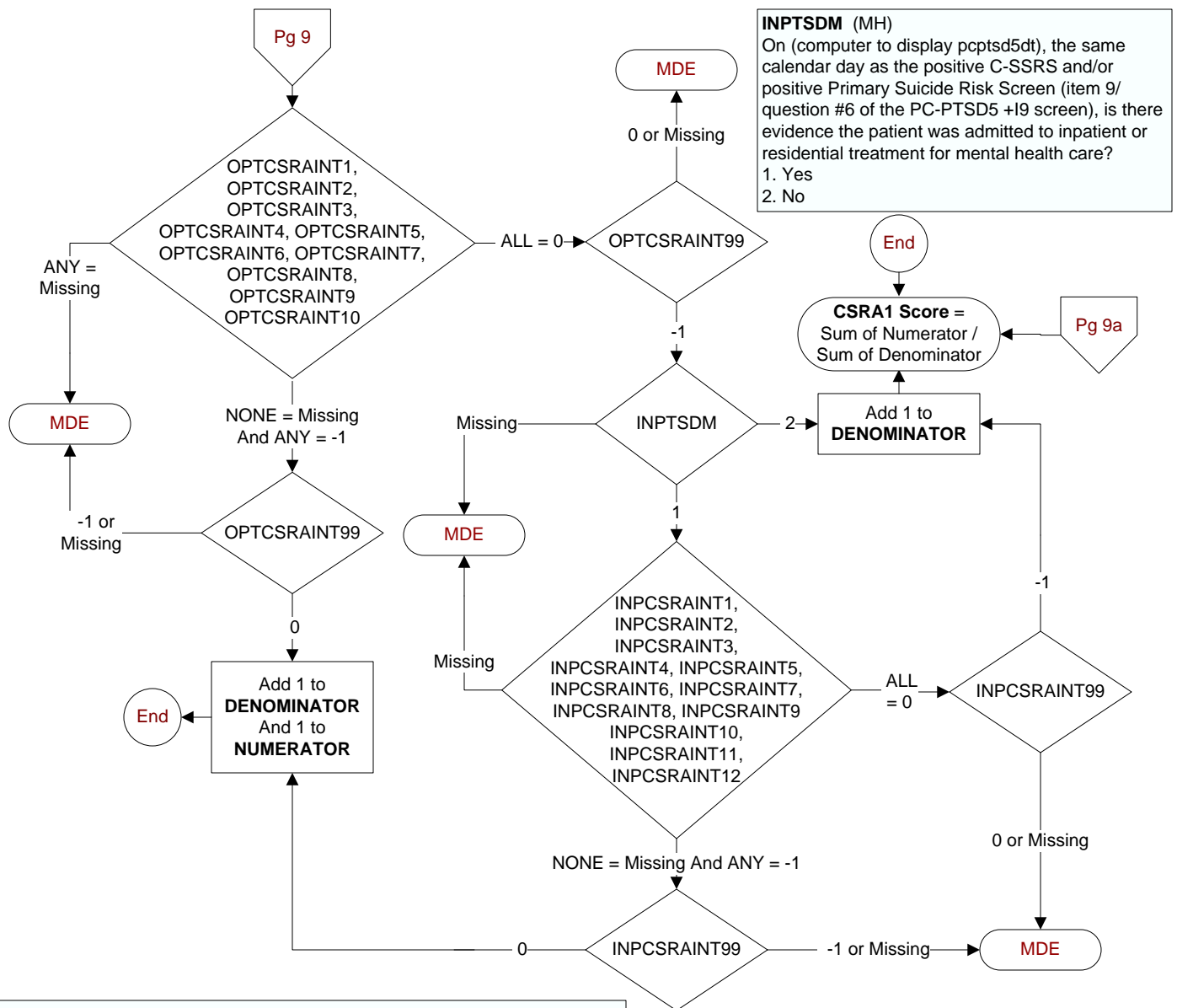
**PTCSRAINT1-99 (MH)**

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Please enter the course of action documented in the record from the following list of interventions.

**General Strategies for Managing Risk in the inpatient or residential treatment setting (The provider may add additional comment/ interventions as needed.) (MH)**

Select all that apply:

- INPCSRANT1.** Initiate unit-specific suicide precautions protocol  
**INPCSRANT2.** Initiate more frequent rounding: q \_\_\_\_ minute rounding  
**INPCSRANT3.** Initiate one-to-one constant observation per facility policy  
**INPCSRANT4.** Assign bedroom close to unit work station  
**INPCSRANT5.** Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise  
**INPCSRANT6.** Increased symptom monitoring  
**INPCSRANT7.** Engage Veteran in recovery plan during inpatient treatment  
**INPCSRANT8.** Engage Veteran in interdisciplinary treatment planning during inpatient treatment  
**INPCSRANT9.** Engage Veteran in safety plan during inpatient treatment  
**INPCSRANT10.** For Veterans not at high risk for suicide, prior to discharge ensure that a minimum of 3 mental health visits are scheduled within 30 days of discharge. Date and time of first appointment:  
**INPCSRANT11.** For Veterans at high risk for suicide, prior to discharge ensure that a minimum of 4 follow-up appointments are scheduled within 30 days of discharge. Date and time of first appointment:  
**INPCSRANT12.** Other  
**INPCSRANT99.** No interventions documented by the provider

Please enter the course of action documented in the record from the following list of interventions.

**General Strategies for Managing Risk in the Outpatient setting (The provider may add additional comment/ interventions as needed.) (MH)**

Select all that apply:

- OPTCSRAINT1.** Initiate 9-1-1/ Rescue  
**OPTCSRAINT2.** Initiate Involuntary Hospitalization  
**OPTCSRAINT3.** Initiate Voluntary Hospitalization  
**OPTCSRAINT4.** Initiate one-on-one observation  
**OPTCSRAINT5.** Initiate Health and Welfare Check  
**OPTCSRAINT6.** Initiate a Hospital Transportation Plan  
**OPTCSRAINT7.** Educate Veteran on emergency services  
**OPTCSRAINT8.** Increase frequency of outpatient contacts (Indicate frequency: text box)  
**OPTCSRAINT9.** For home-based care: Increase frequency of home visits (Indicate frequency: text box)  
**OPTCSRAINT10.** Schedule for follow up appointments (Comment/Date: text box)  
**OPTCSRAINT99.** No interventions documented by the provider

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(MH) Please enter the course of action documented in the record from the following list of interventions.

**General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed.)**

**Select all that apply:**

- VACSRAINT1.** Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
- VACSRAINT2.** Complete or Update Veteran's Safety Plan
- VACSRAINT3.** Increased frequency of Suicide Risk Screening [text box]
- VACSRAINT4.** Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
- VACSRAINT5.** Obtain additional information from collateral sources [Optional: comment]
- VACSRAINT6.** For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment)
- VACSRAINT7.** Address barriers to treatment engagement by: [text box]
- VACSRAINT8.** Address psychosocial needs by: [text box]
- VACSRAINT9.** Address medical conditions by: [text box]
- VACSRAINT10.** Consult/Referral to additional services and support: [text box for options]
- VACSRAINT11.** Referral to evidence based psychotherapy
- VACSRAINT12.** Referral to psychiatry/medication assessment or management
- VACSRAINT13.** Referral to Chaplaincy/pastoral care
- VACSRAINT14.** Referral to vocational rehabilitation/occupational rehabilitation services
- VACSRAINT15.** Referral for PRRC and/or ICMHR services
- VACSRAINT16.** Referral for residential mental health services
- VACSRAINT17.** Other Consult submitted to: [text box for user to enter a name]
- VACSRAINT18.** Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
- VACSRAINT19.** Discussion with Veteran regarding enhancement of a sense of purpose and meaning
- VACSRAINT20.** Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
- VACSRAINT21.** Conduct medication reconciliation
- VACSRAINT22.** Involve family/support system in Veteran's care
- VACSRAINT23.** Provide Opioid Overdose Education and Naloxone Distribution (OEND)
- VACSRAINT24.** Provide resources/contacts for benefits information
- VACSRAINT25.** Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
- VACSRAINT26.** Other/Comments: [text box]
- VACSRAINT27.** Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran's risk by sending a request for consultation by email to: Email (Left Click and Allow)
- VACSRAINT99.** No interventions documented by the provider

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Please enter the course of action documented in the record from the following list of interventions.

**General Strategies for Managing Risk in any setting (The provider may add additional comment/interventions as needed).**

**Select all that apply:**

- PTCSRAINT1.** Alert Suicide Prevention Coordinator for consideration of a Patient Record Flag Category I High Risk for Suicide
- PTCSRAINT2.** Complete or Update Veteran's Safety Plan
- PTCSRAINT3.** Increased frequency of Suicide Risk Screening [text box]
- PTCSRAINT4.** Provide Lethal Means Safety Counseling (e.g., provision of gun locks)
- PTCSRAINT5.** Obtain additional information from collateral sources [Optional: comment]
- PTCSRAINT6.** For prescribers only: Review of prescribed medications for risk for self-harm and/or new pharmacotherapy intervention to reduce suicide risk (Optional: comment)
- PTCSRAINT7.** Address barriers to treatment engagement by: [text box]
- PTCSRAINT8.** Address psychosocial needs by: [text box]
- PTCSRAINT9.** Address medical conditions by: [text box]
- PTCSRAINT10.** Consult/Referral to additional services and support: [text box for options]
- PTCSRAINT11.** Referral to evidence based psychotherapy
- PTCSRAINT12.** Referral to psychiatry/medication assessment or management
- PTCSRAINT13.** Referral to Chaplaincy/pastoral care
- PTCSRAINT14.** Referral to vocational rehabilitation/occupational rehabilitation services
- PTCSRAINT15.** Referral for PRRC and/or ICMHR services
- PTCSRAINT16.** Referral for residential mental health services
- PTCSRAINT17.** Other Consult submitted to: [text box for user to enter a name]
- PTCSRAINT18.** Discussion with Veteran to continue to see assigned Primary Care Provider for medical care
- PTCSRAINT19.** Discussion with Veteran regarding enhancement of a sense of purpose and meaning
- PTCSRAINT20.** Educate Veteran on smartphone VA applications (e.g. Virtual Hope Box, PTSD Coach)
- PTCSRAINT21.** Conduct medication reconciliation
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- PTCSRAINT24.** Provide resources/contacts for benefits information
- PTCSRAINT25.** Provide Veteran with phone number for Veteran's Crisis Line: 1-800-273-8255 (press 1)
- PTCSRAINT26.** Other/Comments: [text box]
- PTCSRAINT27.** Obtain consultation from Suicide Risk Management Consultation Program on ways to address Veteran's risk by sending a request for consultation by email to: Email (Left Click and Allow)
- PTCSRAINT99.** No interventions documented by the provider