

**Document Links:**[CGPI Validation Module](#)[CGPI PI Module](#)[CGPI Core 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

**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

**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 (error record)
- 5. Administrative exclusion from all measures

**SEX** (Rcvd on pull list)

- 1. Male
- 2. Female
- 3. Unknown

**AGE** (Calculated field)

NEXUSDT – BIRTHDT  
 (clinic visit date - date of birth)

**SELM1** (CVD module)**4 = Old Myocardial Infarction**

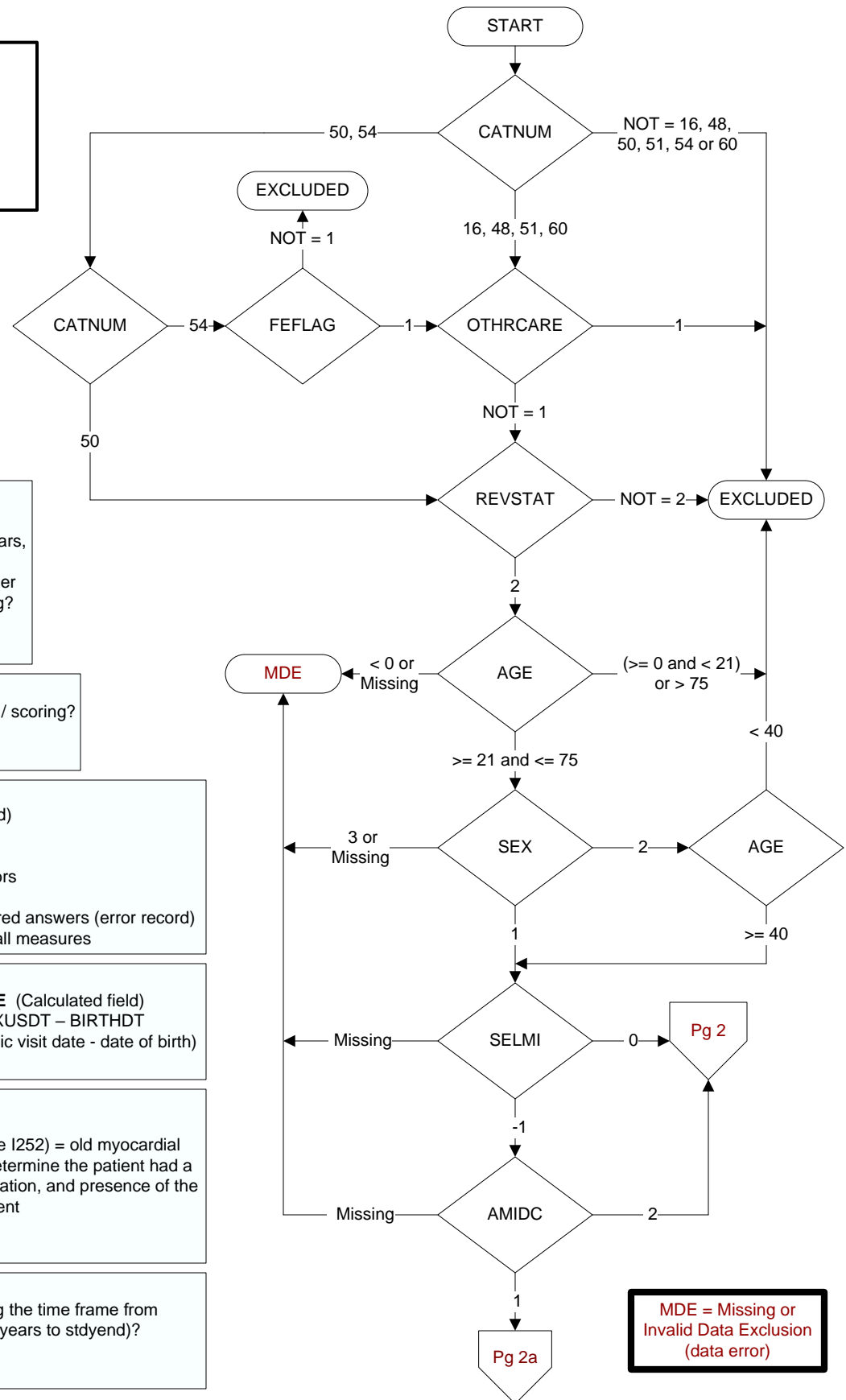
ICD-9-CM code 412 (ICD-10 code I252) = old myocardial infarction. The abstractor may determine the patient had a past AMI from clinician documentation, and presence of the code is not an absolute requirement

- 1. Yes / True
- 0. No / False

**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 procedure****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 procedure****ICD-9-CM Code :** 00.66 (ICD-10 02703ZZ, 02704ZZ, 02713ZZ, 02714ZZ, 02723ZZ, 02724ZZ, 02733ZZ, 02734ZZ)

-1. Yes / True

0. No / False

**IVDENC1** (Validation)

Within the past year is there documentation the patient had an outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease (IVD)?

1. Yes

2. No

**IVDENC2** (Validation)

During the timeframe from (computer to display 2 years prior to stdybeg to 1 year prior to stdybeg) is there documentation the patient had an outpatient or acute inpatient encounter with a documented diagnosis of ischemic vascular disease?

1. Yes

2. No

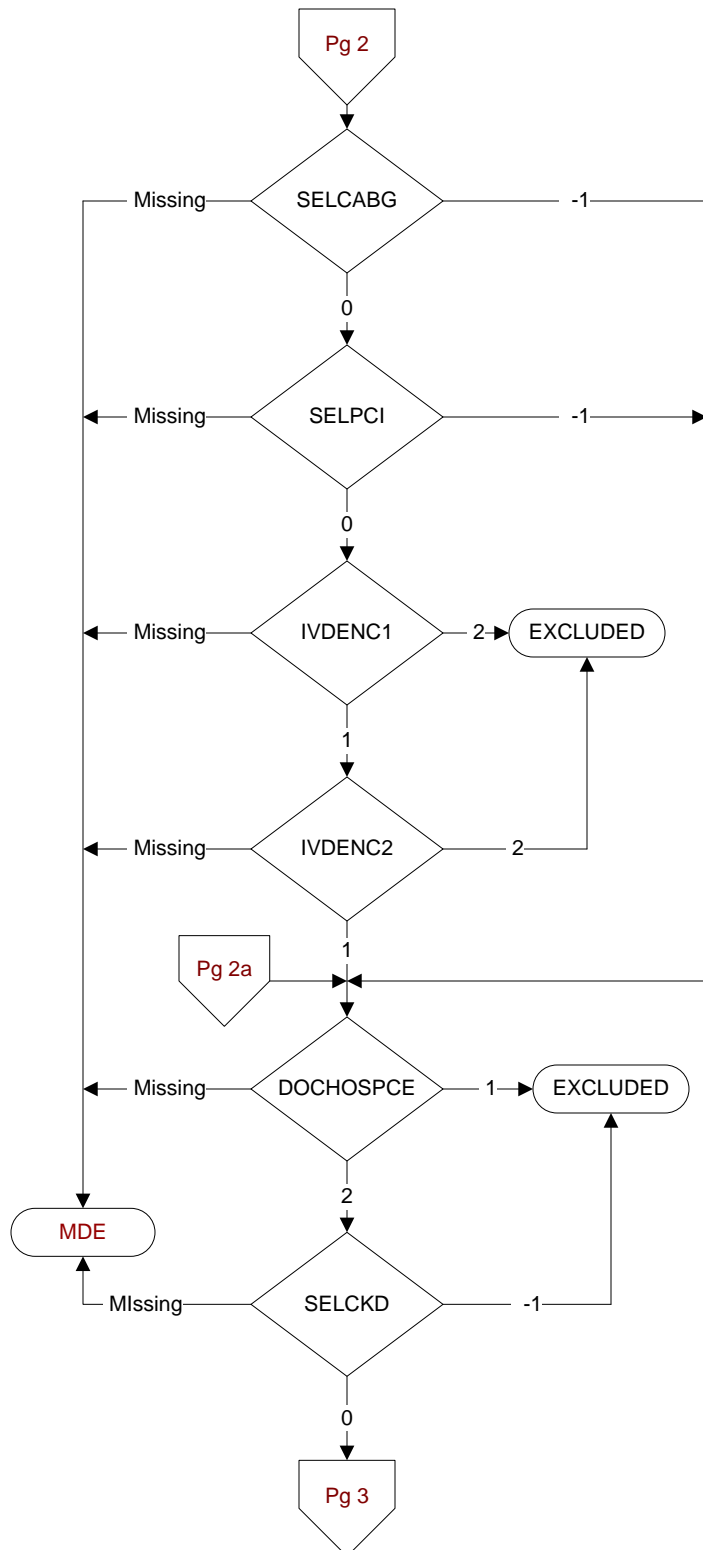
**DOCHOSPCE** (PI module)Is one of the following documented in the medical record:

- 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?

**SELCKD** (Validation)**11 = Chronic Kidney (Renal) Disease, stage 5 or ESRD (end stage renal disease) in past two years****Codes:** 585.5, 585.6 (ICD-10 codes N185, N186, Z9115, Z992)

-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

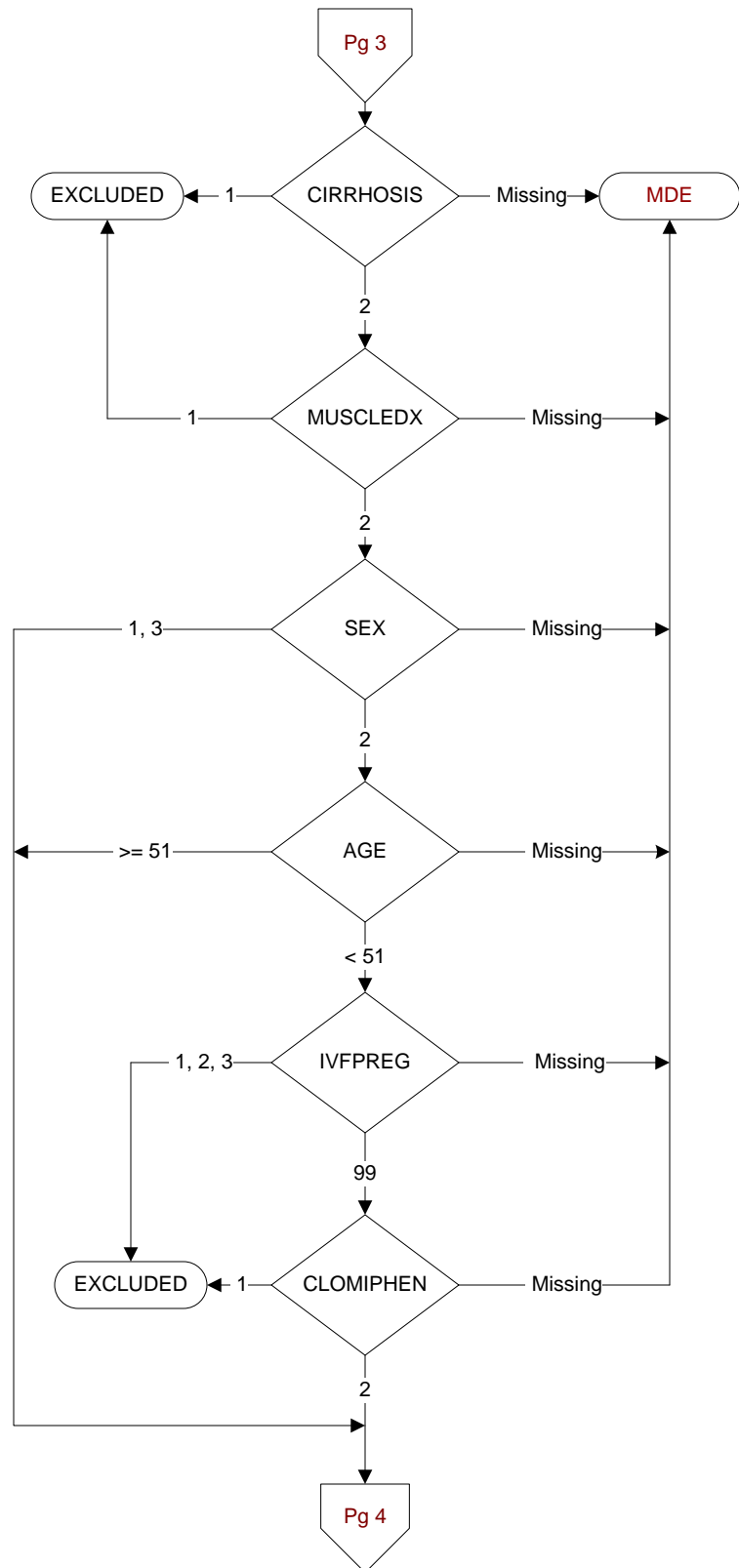
**AGE** (Calculated field)  
NEXUSDT - BIRTHDT

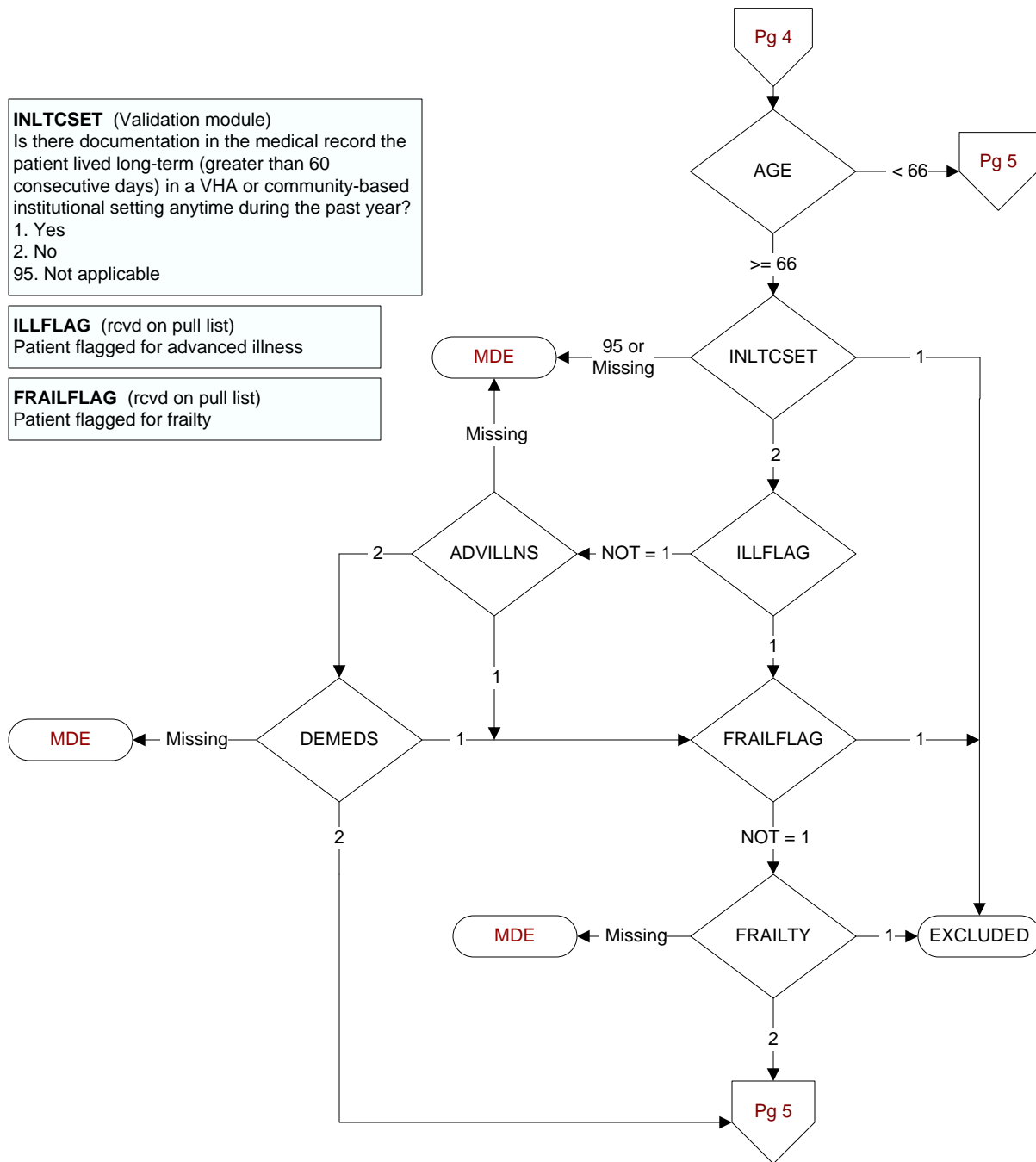
**IVFPREG** (Validation)  
Does the record document any one of the following during the past two years:

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





**DEMEDS** (Validation module)  
Is there physician, NP, PA, CNS or pharmacist documentation in the medical record the patient has an active prescription for a dementia medication?  
1. Yes  
2. No

**ADVILLNS** (Validation module)  
Is there documentation in the medical record the patient has an active condition/diagnosis considered an advanced illness?  
1. Yes  
2. No

**FRAILITY** (Validation module)  
During the past year, is there documentation in the medical record the patient has any condition/diagnosis consistent with frailty?  
1. Yes  
2. No

