

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

Sample cohort
 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)

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

AGE (Calculated field)

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

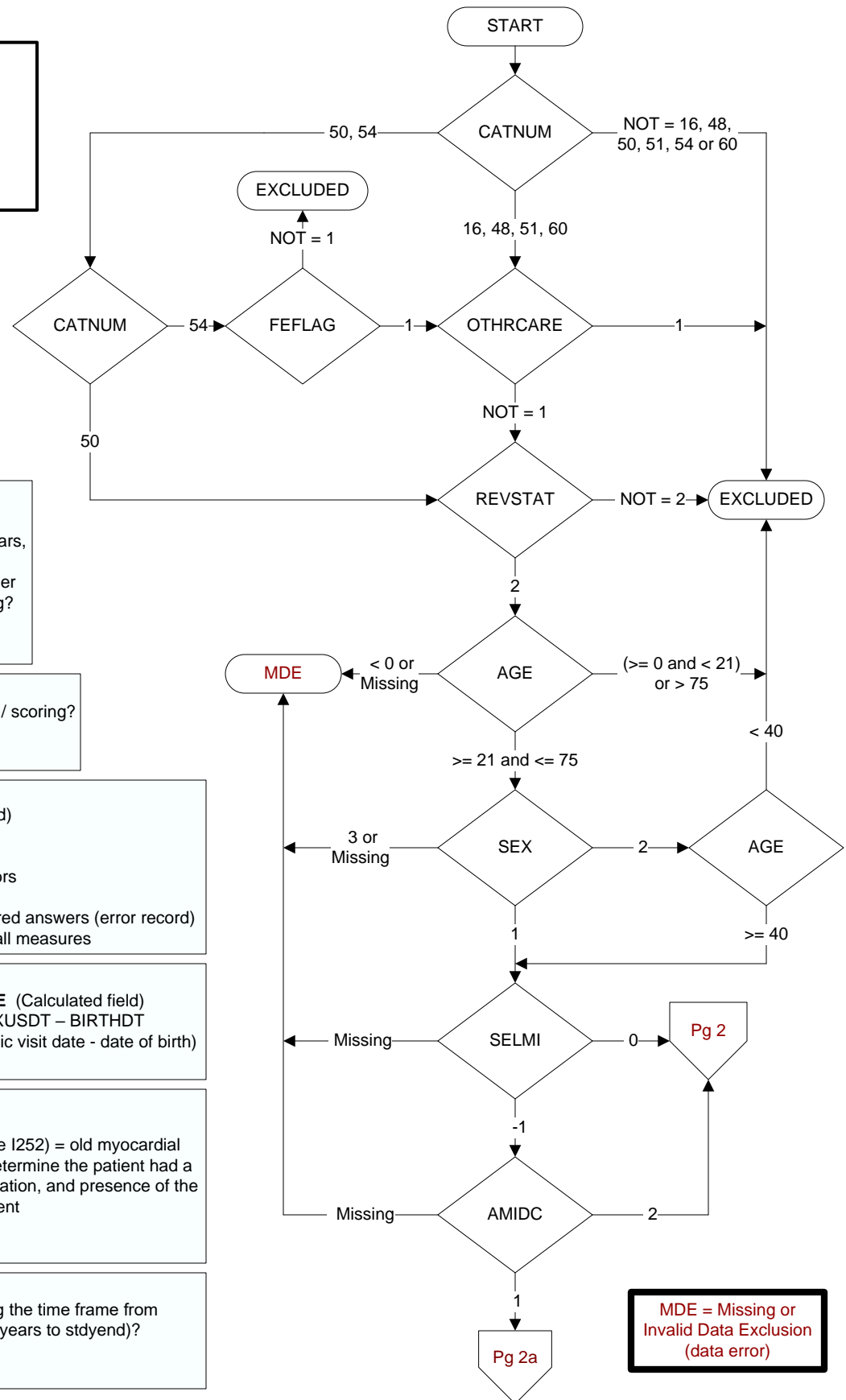
SELM1 (CVD module)**4 = Old Myocardial Infarction**

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

HOSPICE (PI module)

During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?

1. Yes

2. No

PALLCARE (PI module)

During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based palliative care program?

1. Yes

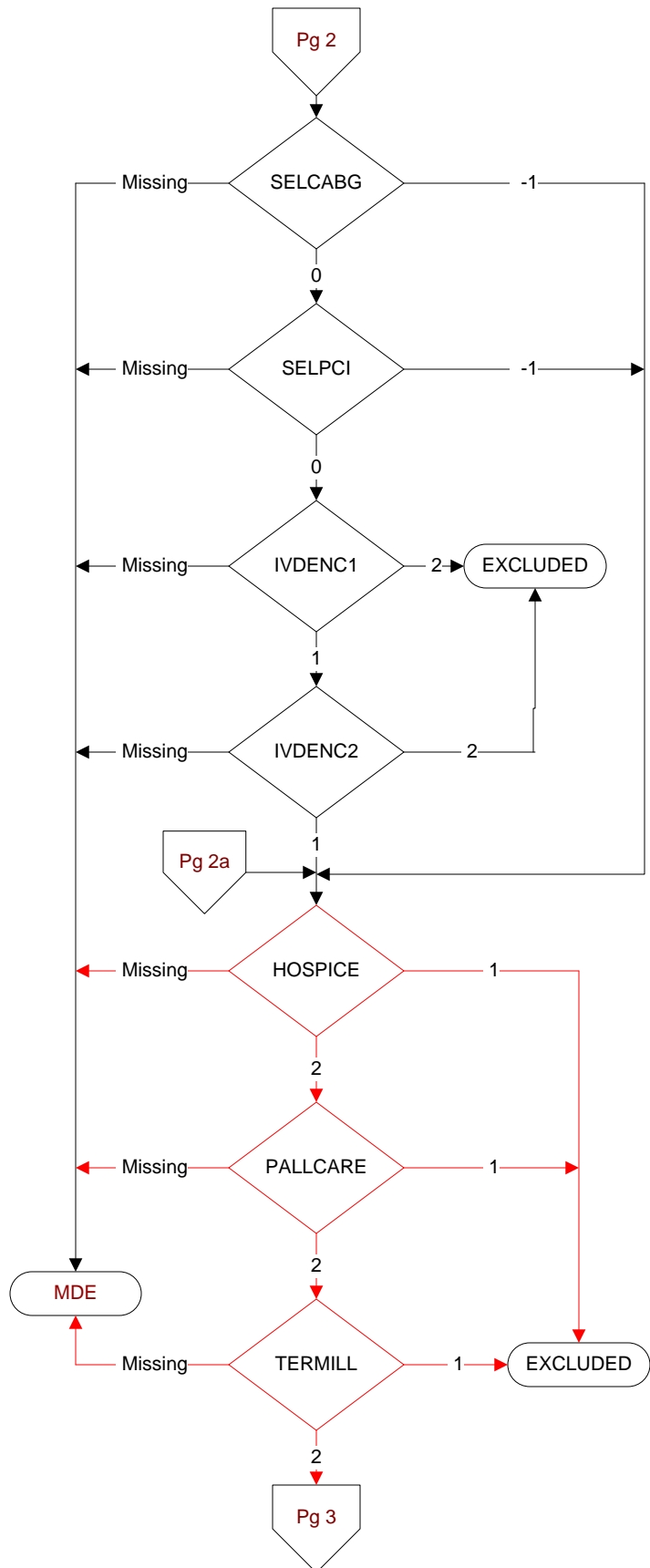
2. No

TERMILL (PI module)Is one of the following documented in the medical record?

- 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



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

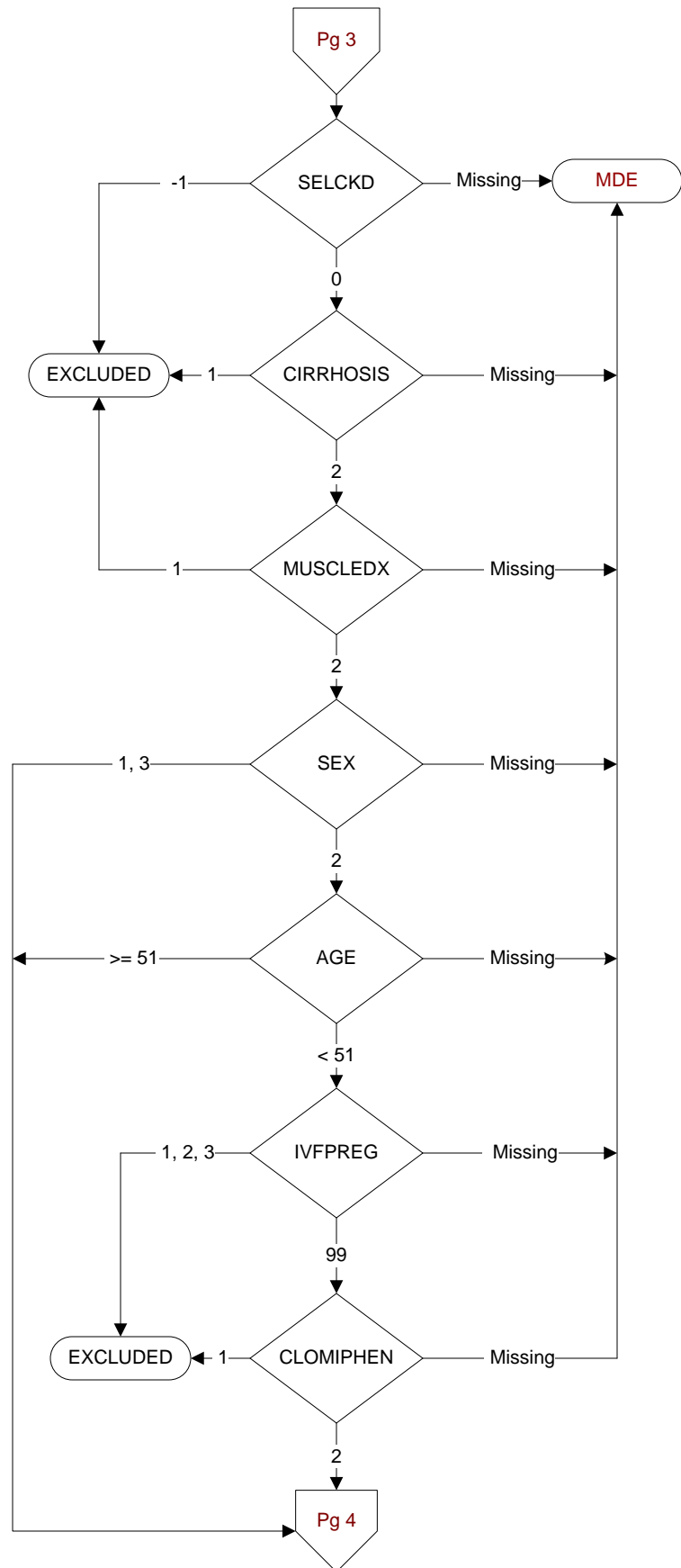
MUSCLEDX (Validation)
 Does the record document a diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the past year?
 1. Yes
 2. No

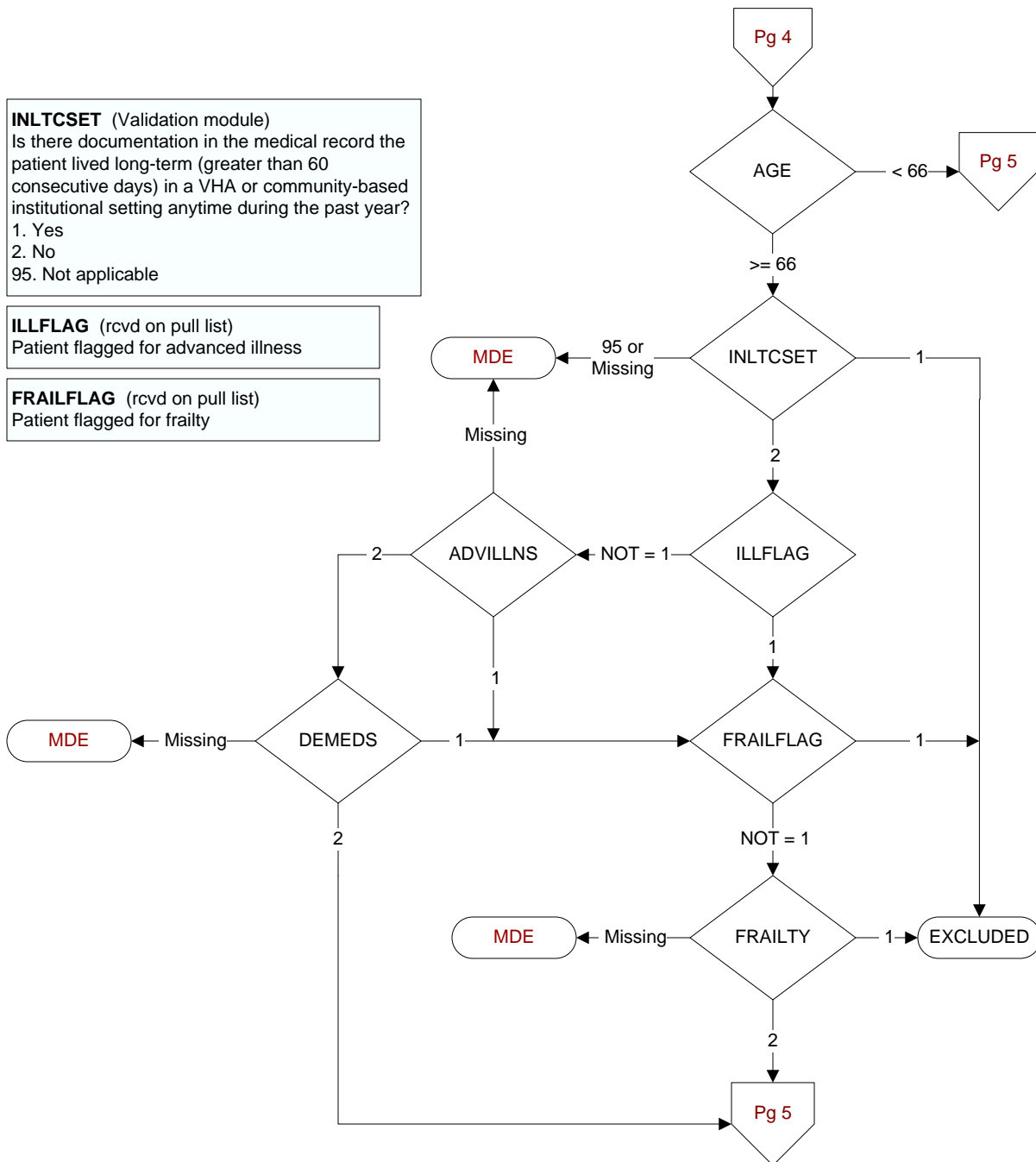
SEX (Rcvd on pull list)
 Patient Gender
 1. Male
 2. Female
 3. Unknown

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

