

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

SELCKD (Validation)

11 = Chronic Kidney (Renal) Disease, stage 5 or ESRD (end stage renal disease) or dialysis (hemodialysis or peritoneal dialysis) in past two years

ICD-10 codes N185, N186, Z9115, Z992, 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z

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

CIRRHOSIS (Validation)

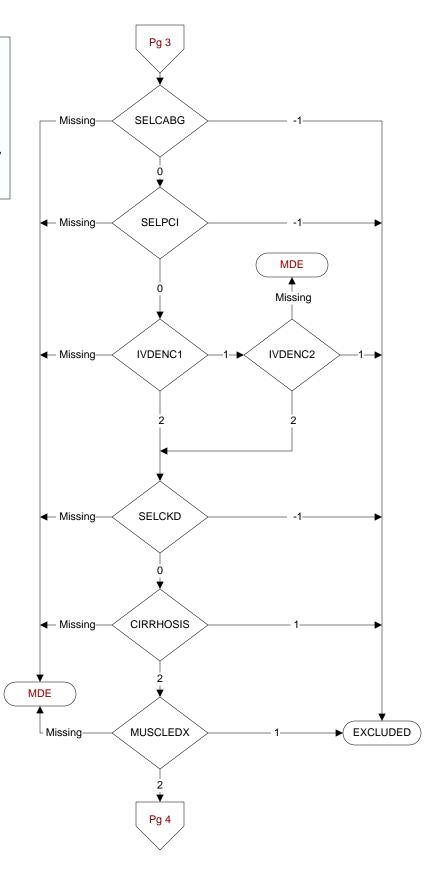
Does the record document a diagnosis of cirrhosis during the past two years?

- 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

STATIN (Shared)

During the past year, was a statin medication prescribed for the patient?

- 1. Yes
- 2. No

DESTATIN (Shared)

Designate the statin prescribed for the patient during the past year.

- 1. Atorvastatin
- 2. Fluvastatin
- 3. Lovastatin
- 4. Pravastatin
- 5. Rosuvastatin
- 6. Simvastatin
- 7. Pitavastatin 99. Unable to determine

STATNDOS (Shared)

Enter the daily dose of the statin medication in milligrams.

(If dose is not documented, abstractor can enter zz.z)

