

than 6 months?

1. Yes

2. No

Invalid Data Exclusion (data error)



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

# PERMCI (MH)

During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?

- 1. Yes
- 2. No

## **DEMSEV** (MH)

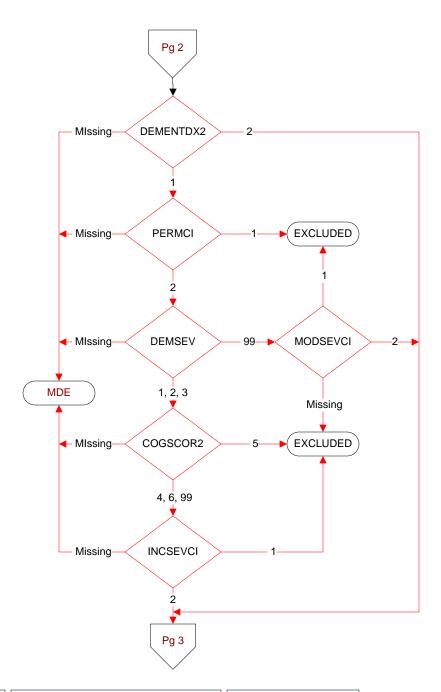
Was the severity of dementia assessed during the past year using one of the following standardized tools?

- 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
- Score indicated moderate to severe dementia
- Score indicated no dementia
- 99. No score documented in the record or unable to determine outcome



#### INCSEVCI (MH)

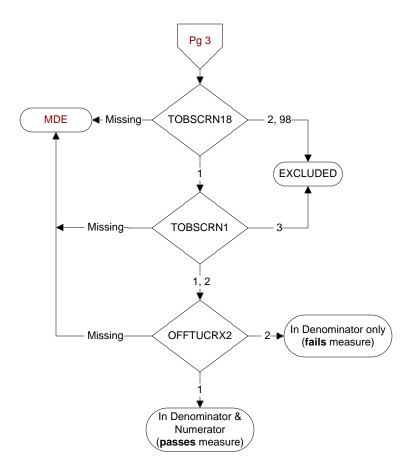
During the timeframe from (computer display demsevdt + 1 day to stdyend), did a physician/APN/PA or psychologist document in the record that the patient has moderate or severe cognitive impairment?

- 1. Yes
- 2. No

# 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



### TOBSCRN18 (PI)

During the past year was the patient screened for tobacco use by an acceptable provider using the **National Clinical Reminder for Tobacco Use?** 

- 1. Yes
- 2. No

98. Patient declined to answer National Clinical Reminder for Tobacco Use screening questions

### TOBSCRN1 (PI)

Enter the response to Tobacco Use Screening question #1 "Do you smoke cigarettes, or use tobacco every day, some days, or not at all?"

- 1. Every Day
- 2. Some Days
- 3. Not at all

# OFFTUCRX2 (PI)

During the past year, was the patient offered FDA approved medications by a provider to assist in tobacco use cessation using the National Clinical Reminder for Tobacco Use?

- 1. Yes
- 2. No