

1 of 3

### **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

### 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)

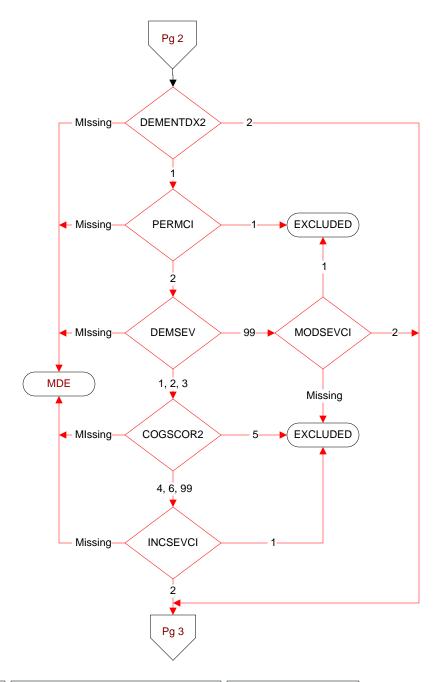
Was the severity of dementia assessed during the past year using one of the following standardized tools?

- 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)

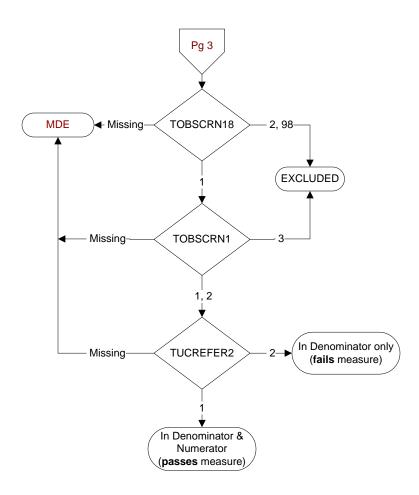
During the timeframe from (computer display demsevdt + 1 day to stdyend), did a physician/APN/PA or psychologist document in the record that the patient has moderate or severe cognitive impairment?

- 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?"

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

## TUCREFER2 (PI)

During the past year did the provider provide information about behavioral counseling or treatment options other than medication to assist patient with quitting smoking or using tobacco using the National Clinical Reminder for Tobacco Use?

- 1. Yes
- 2. No