

## 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)

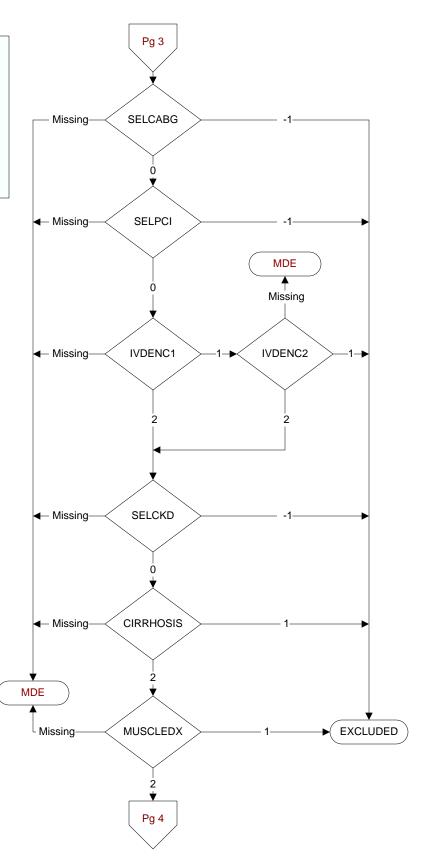
Does the record document a diagnosis of cirrhosis during the past two years?

- 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)

