

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

16. AMI - Outpatient visit  
 48. Female, age 20-69  
 50. Random Sample  
 51. Random Sample MH  
 54. Frail/Elderly  
 60. DM Outpatient  
 68. Contract CBOC

**FEFLAG** (rcvd on pull list)  
 FE case flagged for CGPI  
 review / scoring?  
 0. No  
 1. Yes

**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

**REVSTAT**

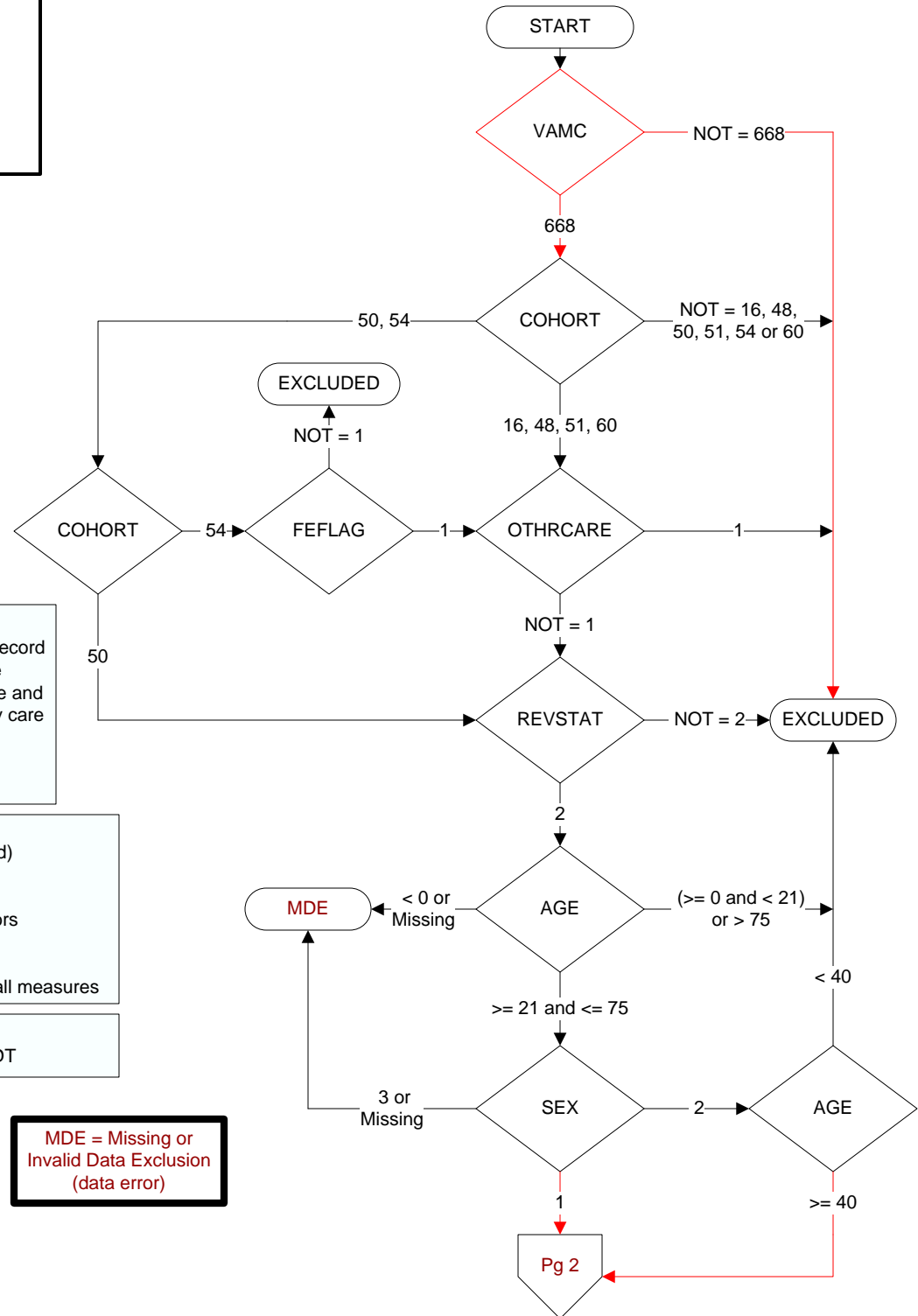
REVIEW STATUS (not abstracted)  
 0. Abstraction has not begun  
 1. Abstraction in progress  
 2. Abstraction completed w/o errors  
 3. TVG failure (exclusion)  
 4. Record contains missing data  
 5. Administrative exclusion from all measures

**AGE** (Calculated field)

NEXUS clinic visit date – BIRTHDT

**SEX** (Rcvd on pull list)

Patient Gender  
 1. Male  
 2. Female  
 3. Unknown



**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

**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

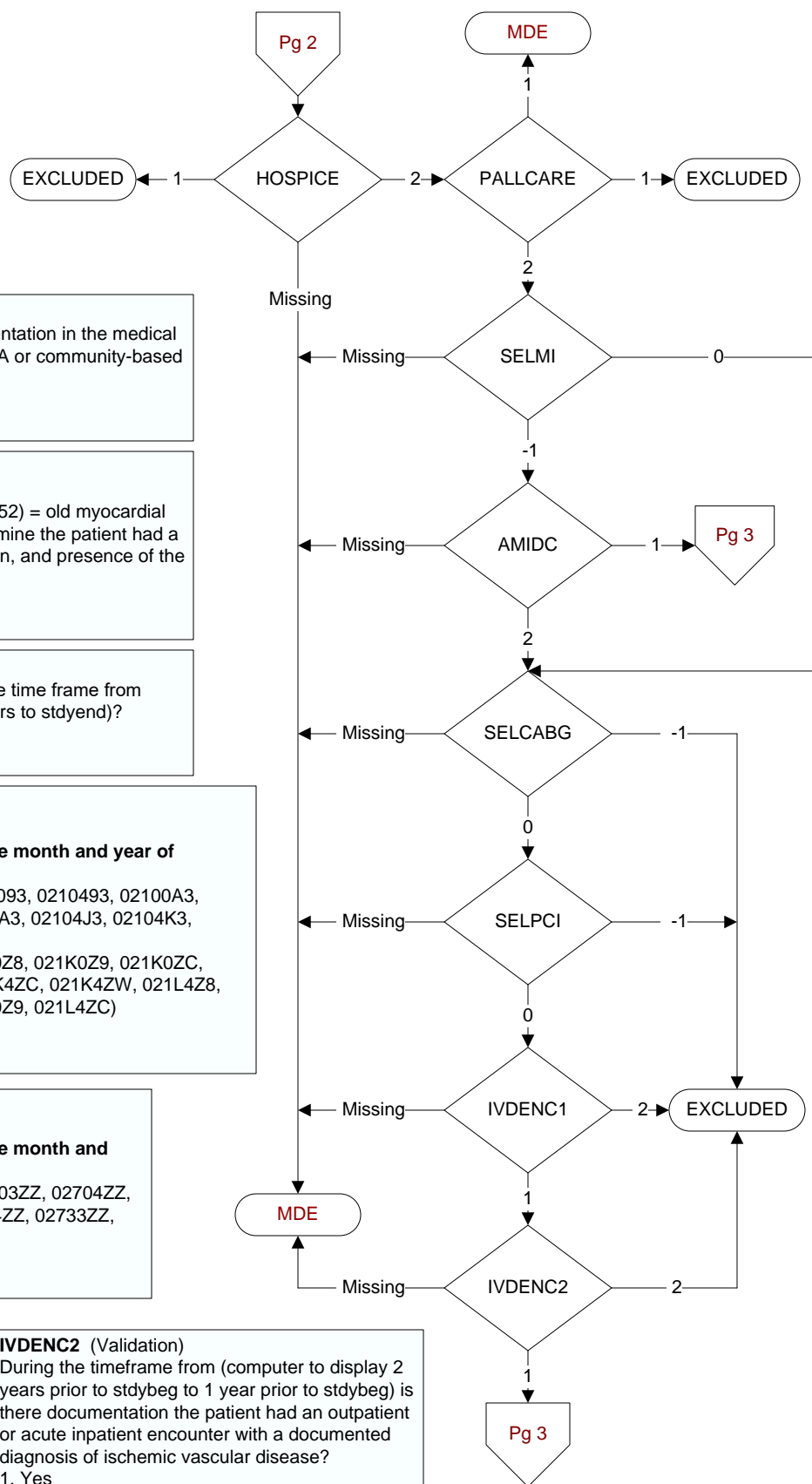
**AMIDC** (CVD module)  
Did the patient's AMI occur during the time frame from (computer to display stdybeg – 2 years to stdyend)?  
1. Yes  
2. No

**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) 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

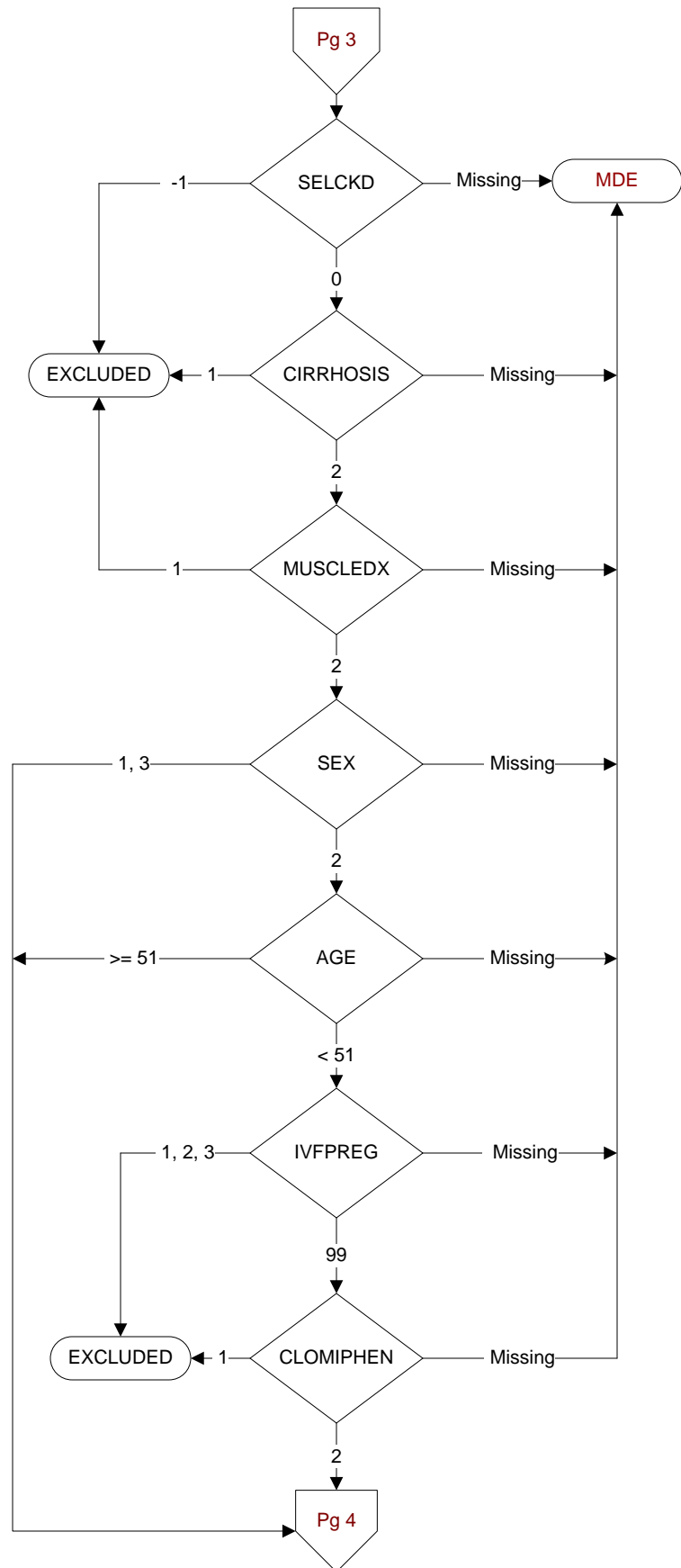
**MUSCLEDX** (Validation)  
 Does the record document a diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the past year?  
 1. Yes  
 2. No

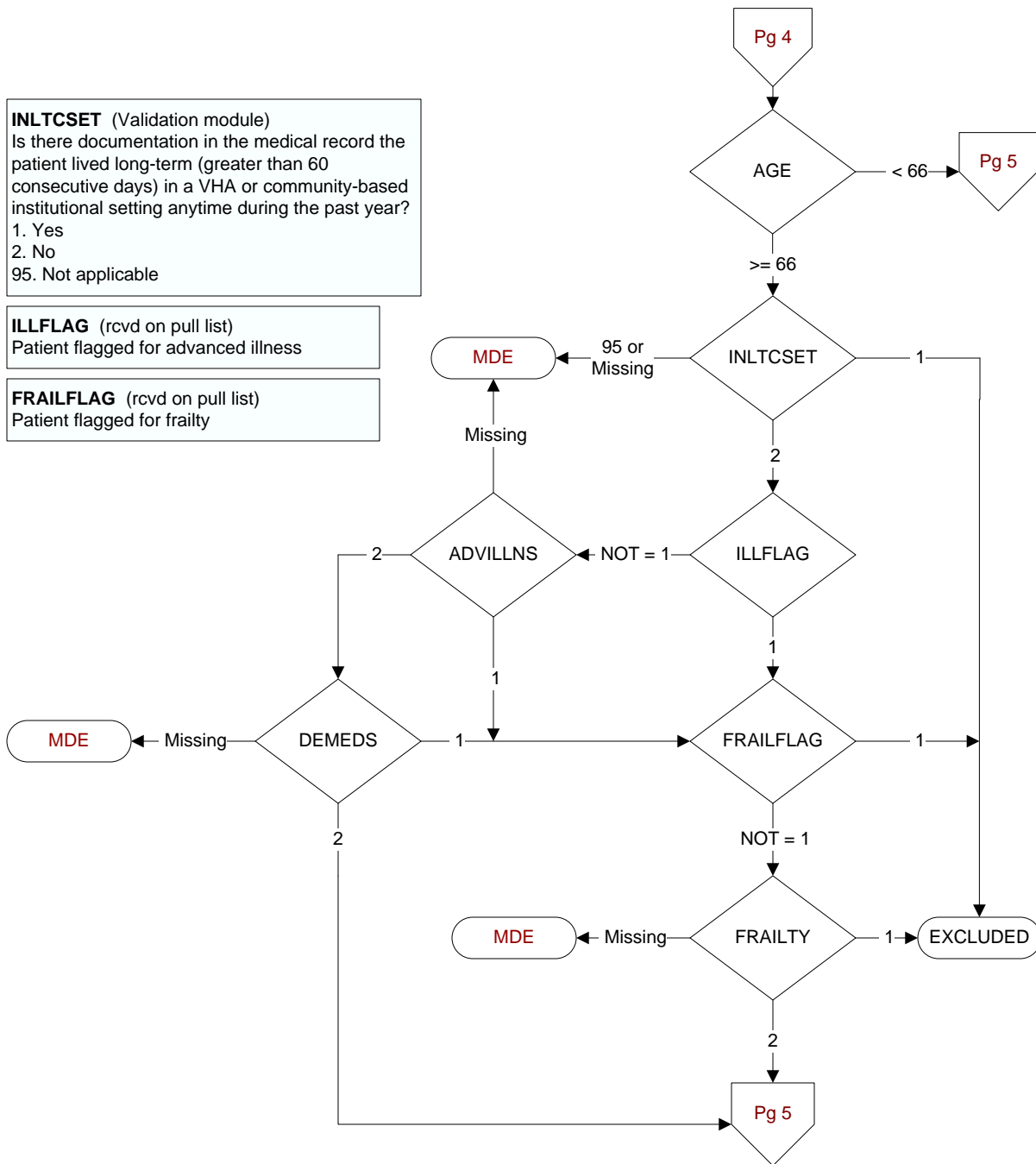
**SEX** (Rcvd on pull list)  
 Patient Gender  
 1. Male  
 2. Female  
 3. Unknown

**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

