

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

**CERNER** (system flag)  
Flag indicating facility has upgraded to the Cerner eHR

**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

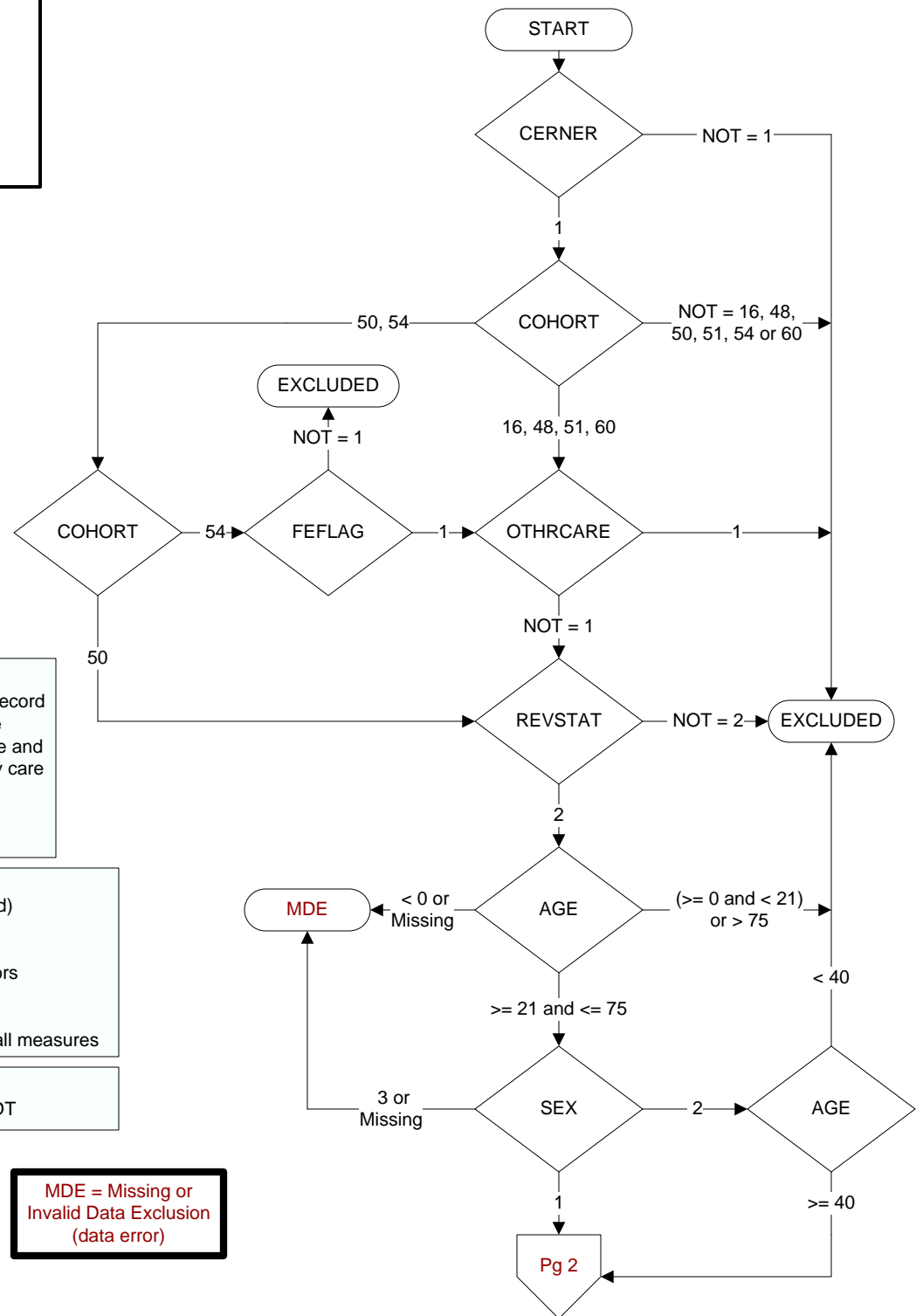
**OTHCARE** (Validation)  
Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting?  
1. yes  
2. no

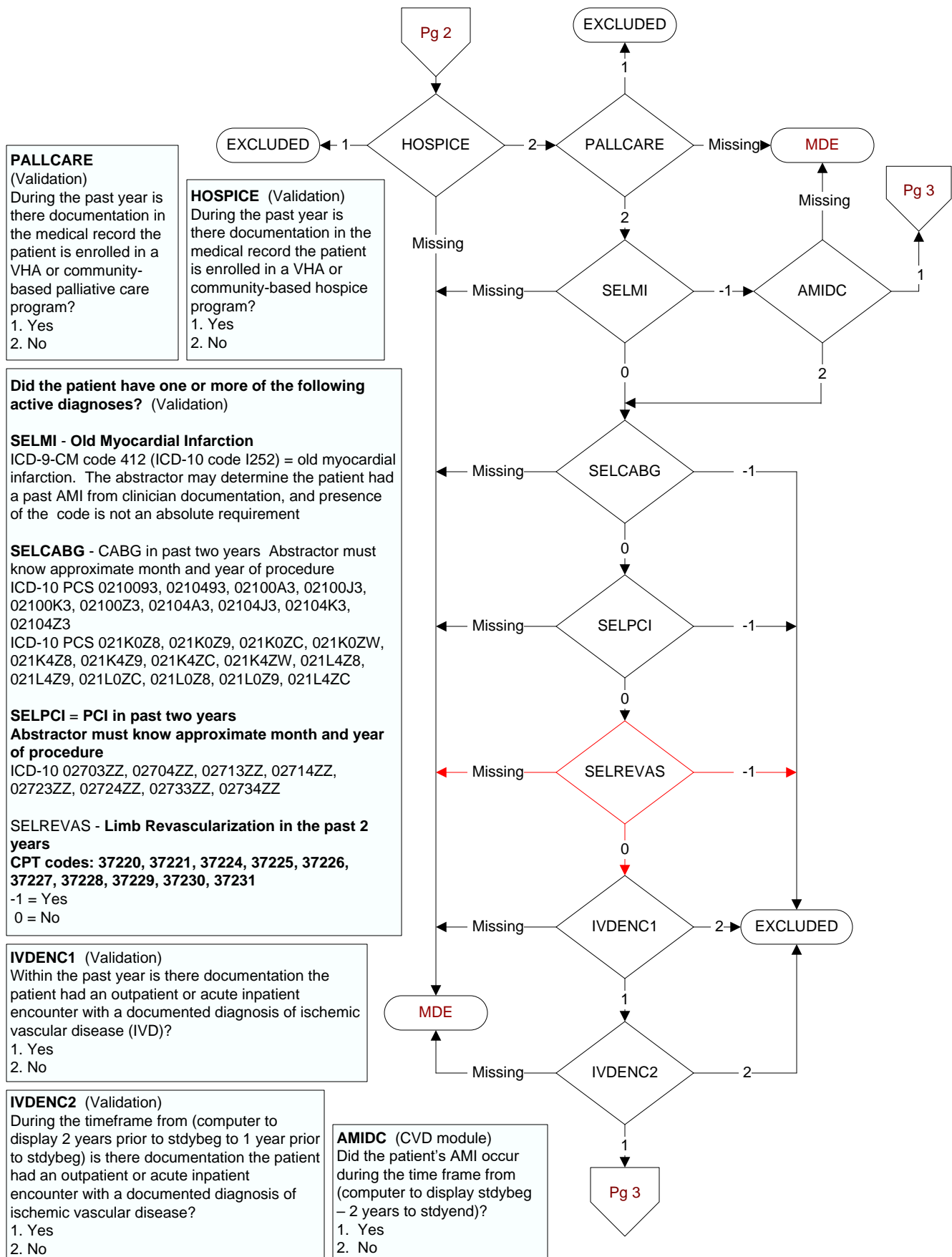
**REVSTAT**  
REVIEW STATUS (not abstracted)  
0. Abstraction has not begun  
1. Abstraction in progress  
2. Abstraction completed w/o errors  
3. TVG failure (exclusion)  
4. Record contains missing data  
5. Administrative exclusion from all measures

**AGE** (Calculated field)  
NEXUS clinic visit date – BIRTHDT

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

**MDE = Missing or Invalid Data Exclusion (data error)**





**Did the patient have one or more of the following active diagnoses? (Validation)**

**SELCKD - Chronic Kidney (Renal) Disease, stage 5 or ESRD (end stage renal disease) or dialysis (hemodialysis or peritoneal dialysis) documented any time prior to the study end date**  
**ICD-10 codes N185, N186, Z9115, Z992, 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z**  
 -1 = Yes  
 0 = No

**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)**

Nexus Clinic Visit date - 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

