

**Document Links:**[CGPI Validation Module](#)[CGPI MH Module](#)

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

**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

**HOSPICE** (Validation)  
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

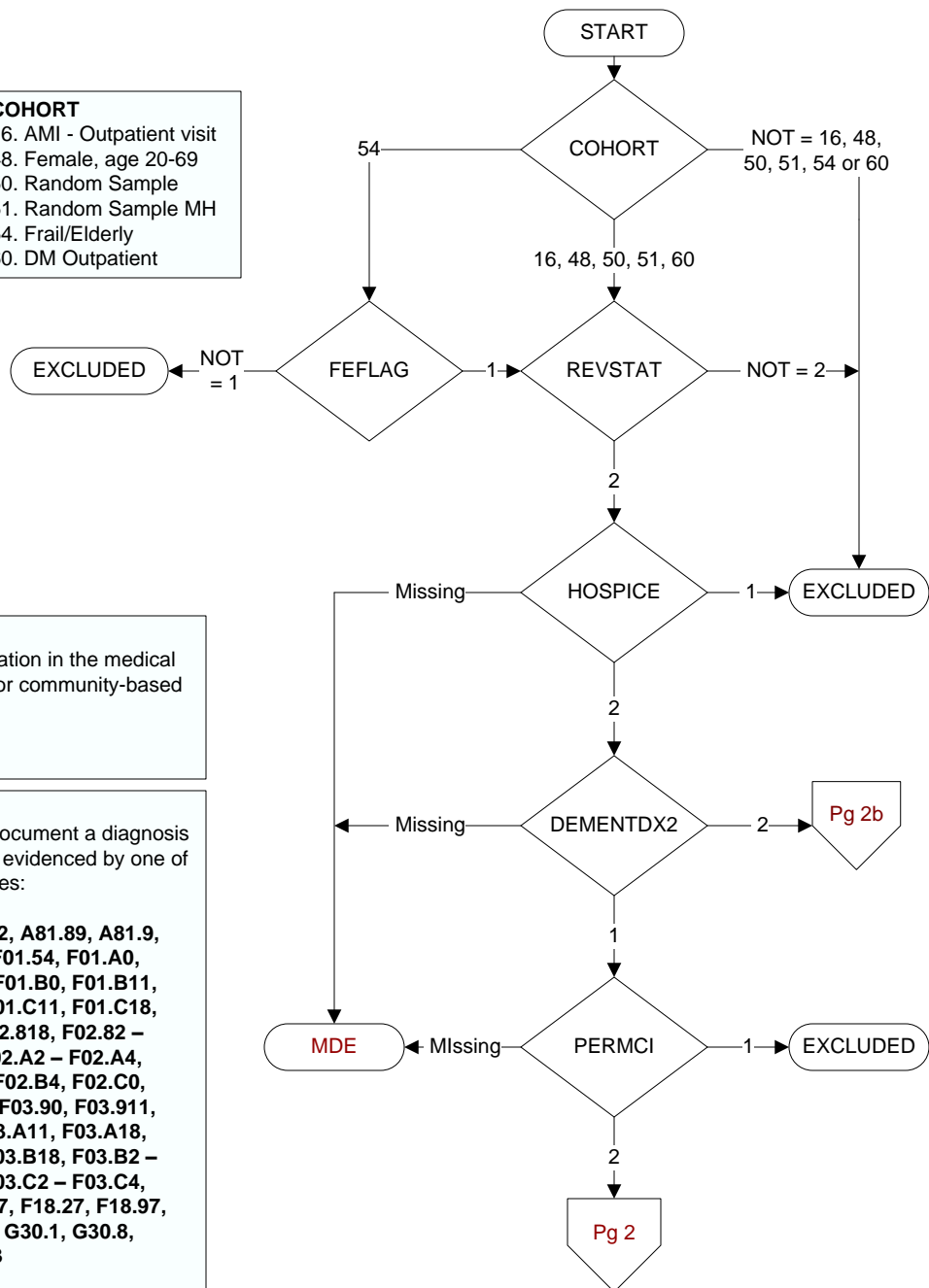
**DEMENTDX2** (MH)  
During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, , F01.511, F01.518, F01.52 – F01.54, F01.A0, F01.A11, F01.A18, F01.A2 – F01.A4, F01.B0, F01.B11, F01.B18, F01.B2 – F01.B4, F01.C0, F01.C11, F01.C18, F01.C2 – F01.C4, F02.80, F02.811, F02.818, F02.82 – F02.84, F02.A0, F02.A11, F02.A18, F02.A2 – F02.A4, F02.B0, F02.B11, F02.B18, F02.B2 – F02.B4, F02.C0, F02.C11, F02.C18, F02.C2 – F02.C4, F03.90, F03.911, F03.918, F03.92 – F03.94, F03.A0, F03.A11, F03.A18, F03.A2 – F03.A4, F03.B0, F03.B11, F03.B18, F03.B2 – F03.B4, F03.C0, F03.C11, F03.C18, F03.C2 – F03.C4, 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

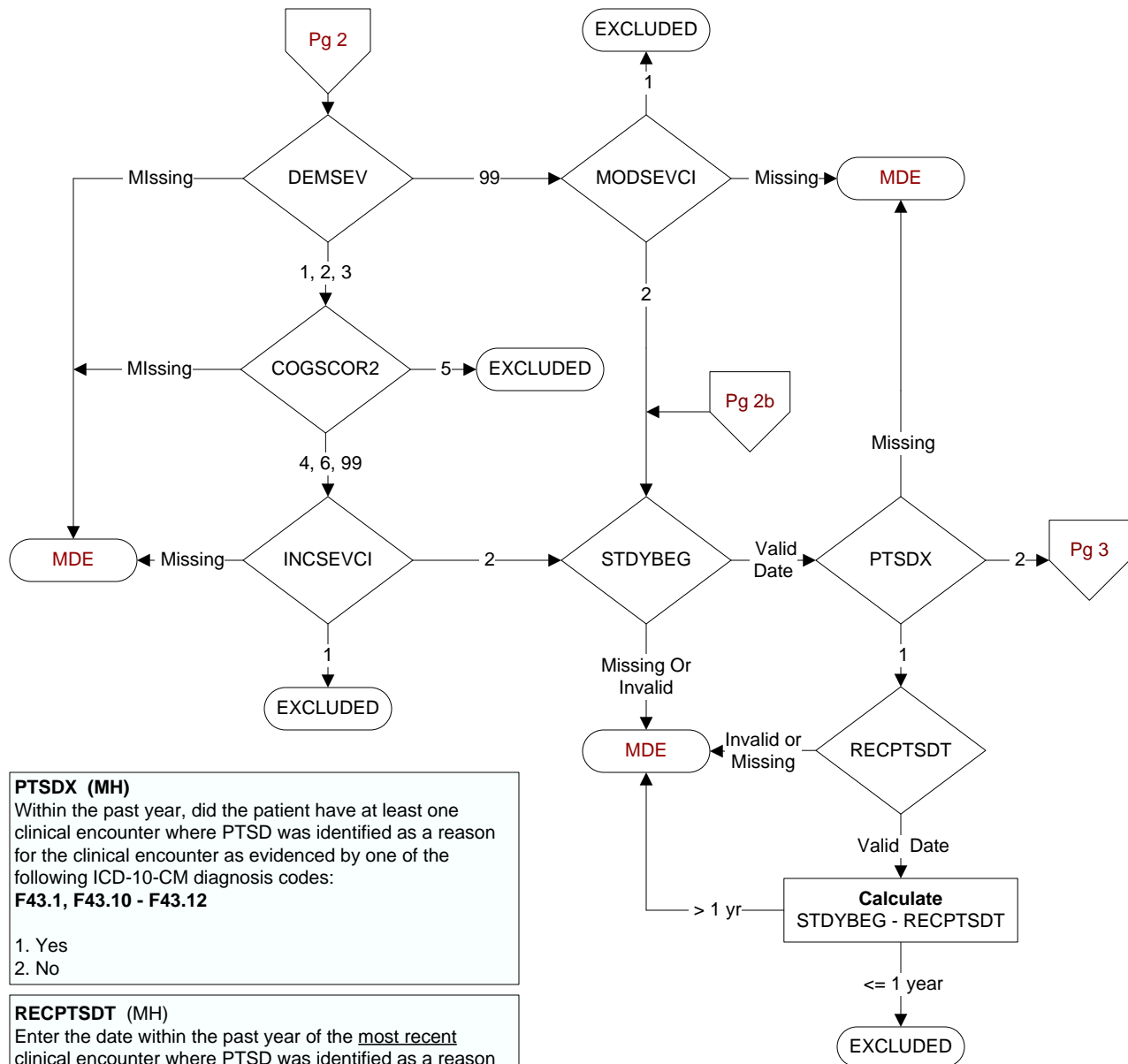
1. Yes  
2. No

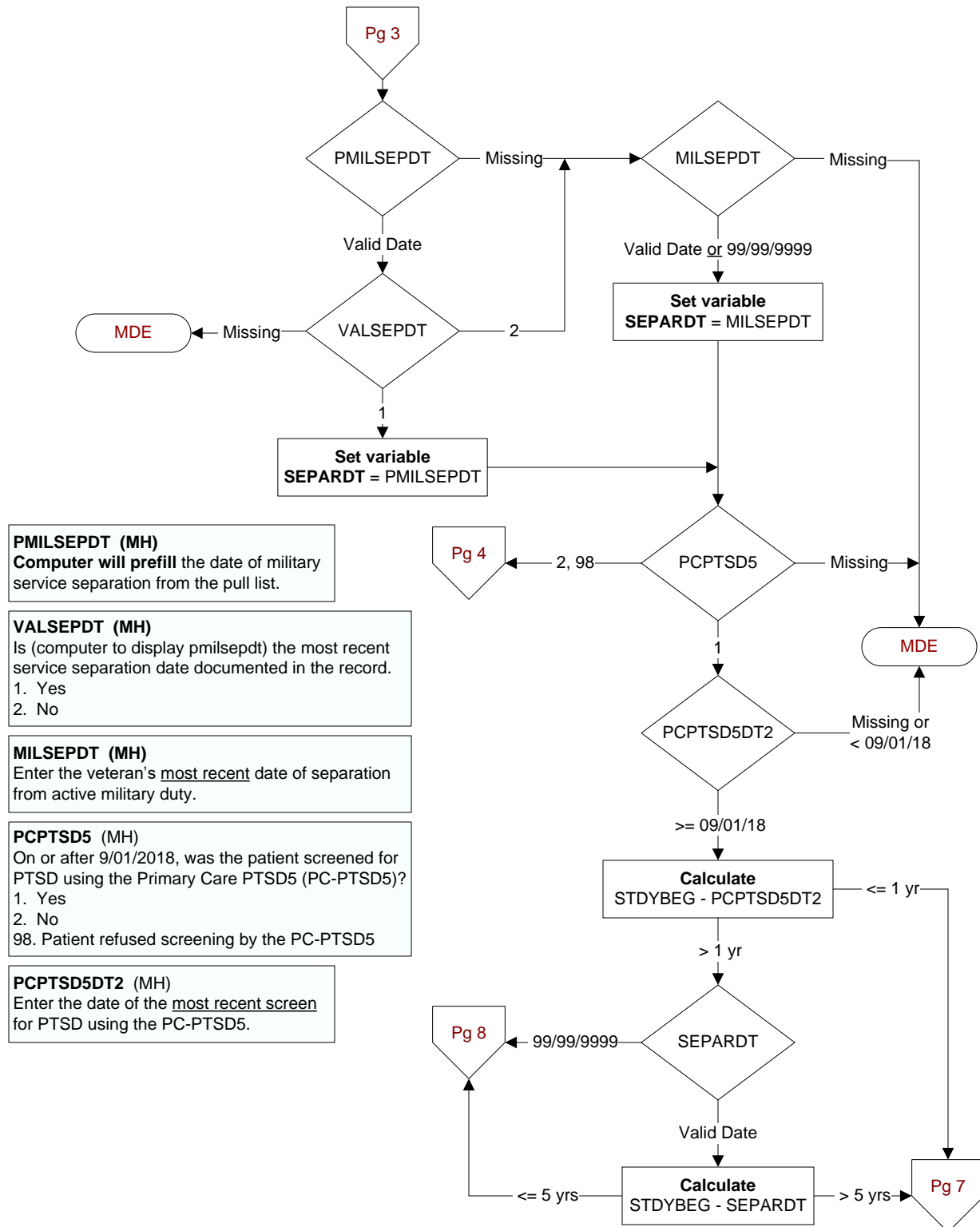
**PERMCI** (MH)  
During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder?  
1. Yes  
2. No

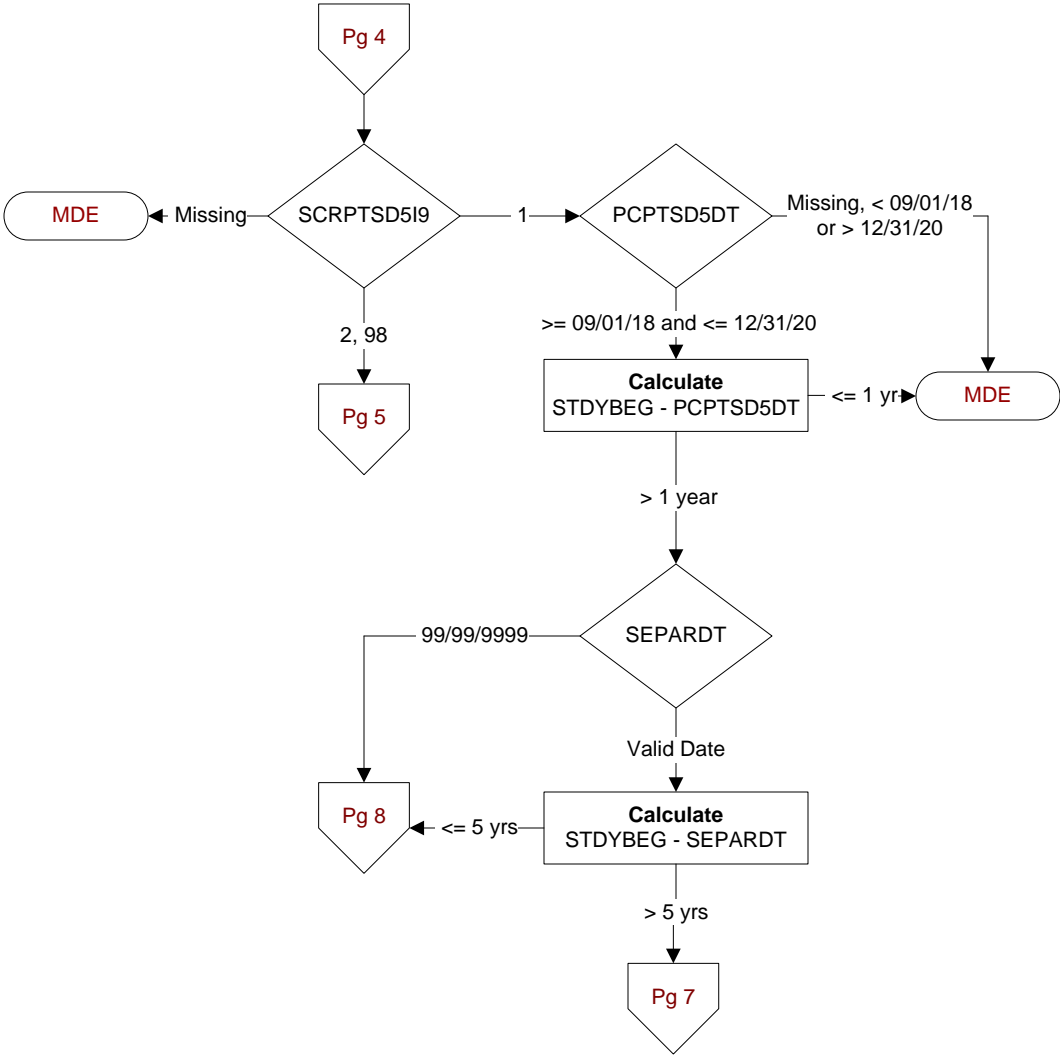
**COHORT**  
16. AMI - Outpatient visit  
48. Female, age 20-69  
50. Random Sample  
51. Random Sample MH  
54. Frail/Elderly  
60. DM Outpatient



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

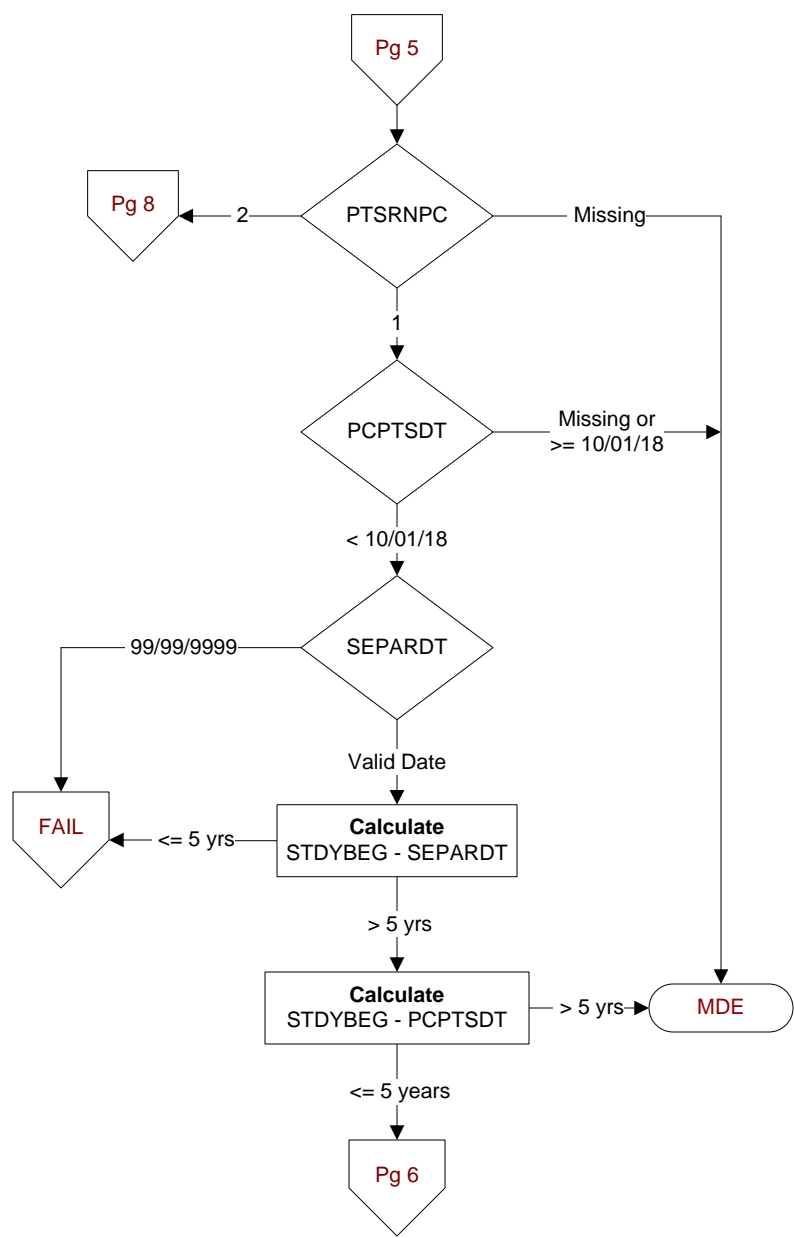






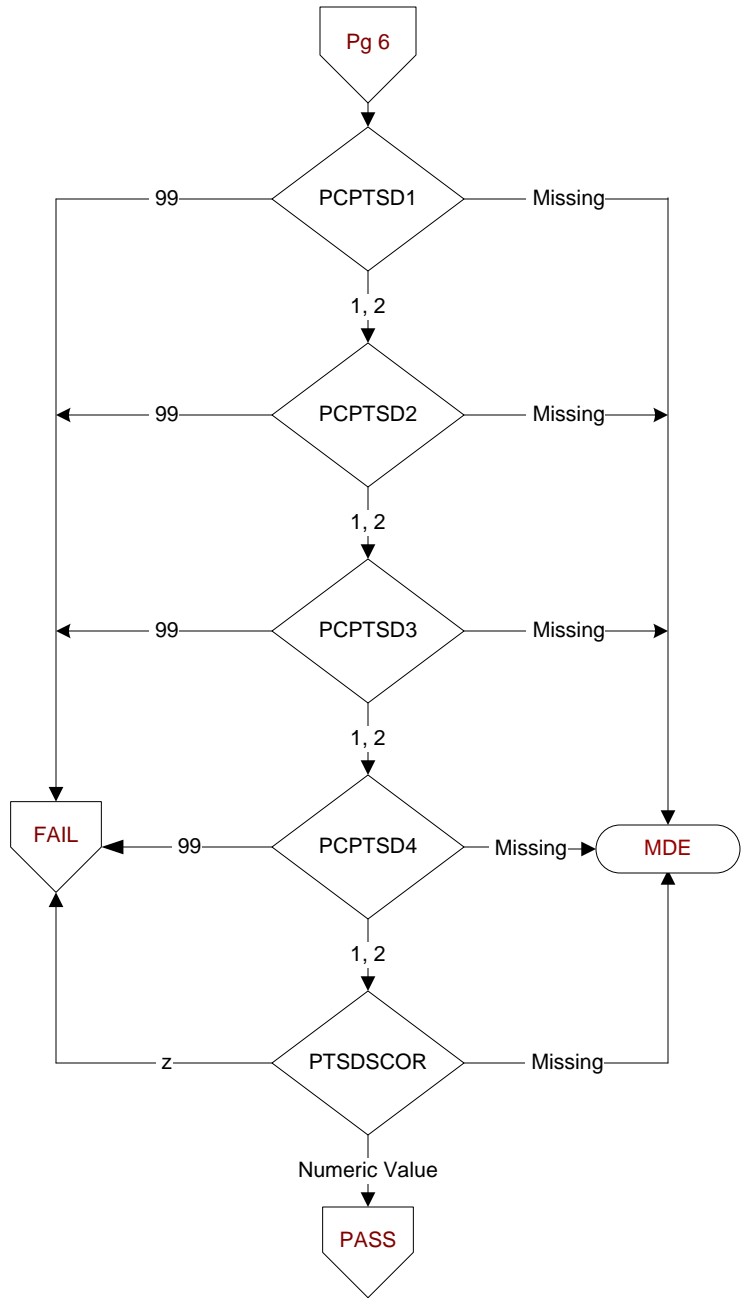
**SCRPTSD5I9 (MH)**  
During the timeframe from 9/01/2018 to 12/31/2020, was the patient screened for PTSD using the Primary Care PTSD5 +I9?  
1. Yes  
2. No  
98. Patient refused screening by the PC-PTSD5 +I9

**PCPTSD5DT (MH)**  
Enter the date of the most recent screen for PTSD using the PC-PTSD5+ I9.



**PTSRNPC (MH)**  
Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?  
1. Yes  
2. No

**PCPTSDT (MH)**  
Enter the date of the most recent screen for PTSD using the PC-PTSD.



**PCPTSD (MH)**

Enter the patient's answers to each of the Primary Care PTSD Screen questions:

Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:

**PCPTSD1.** Have had any nightmares about it or thought about it when you did not want to?

**PCPTSD2.** Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

**PCPTSD3.** Were constantly on guard, watchful, or easily startled?

**PCPTSD4.** Felt numb or detached from others, activities, or your surroundings?

1. Yes

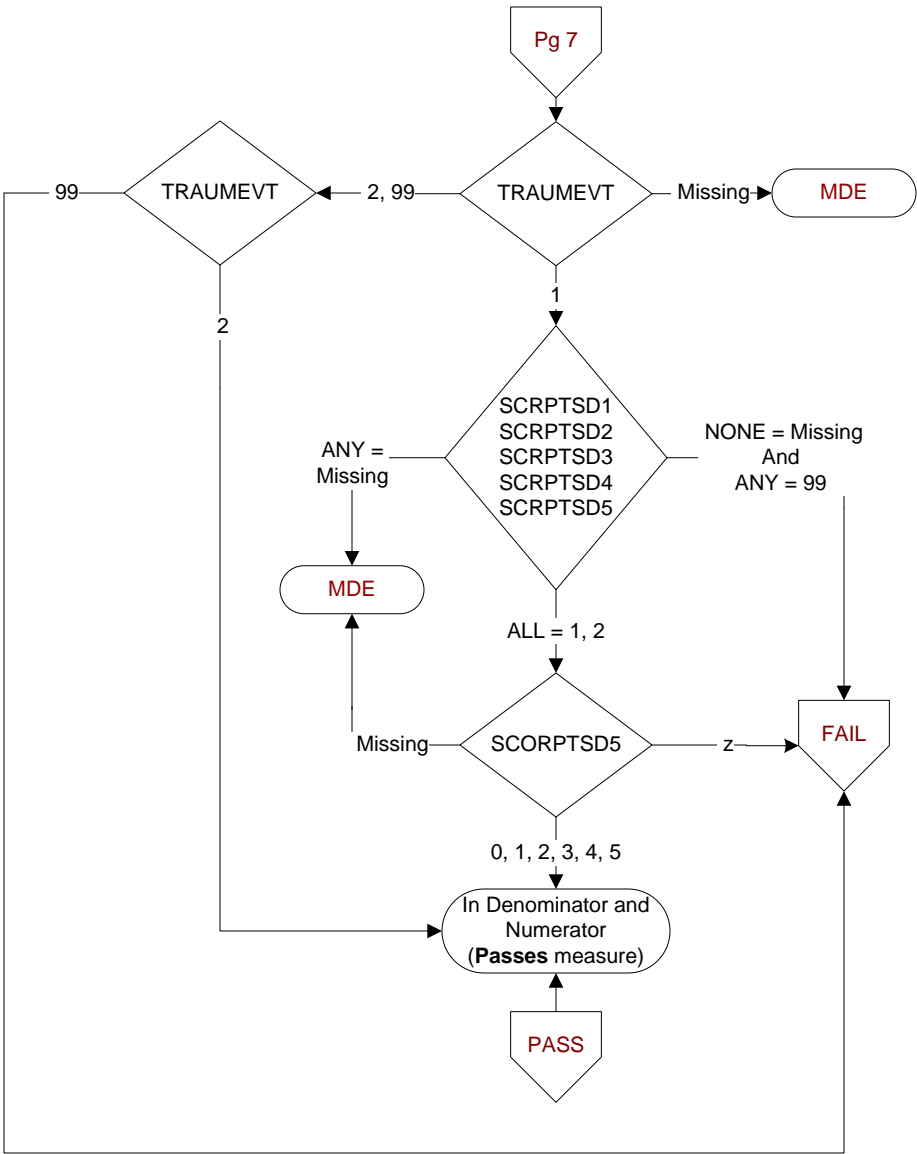
2. No

95. Not applicable

99. No answer documented

**PTSDSCOR (MH)**

Enter the total score for the screen documented in the record.  
(Abstractor can enter default z if no total score is documented)



**TRAUMEVT (MH)**  
Enter the response documented in the record for PC-PTSD5 exposure to traumatic event(s).  
**Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:**

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

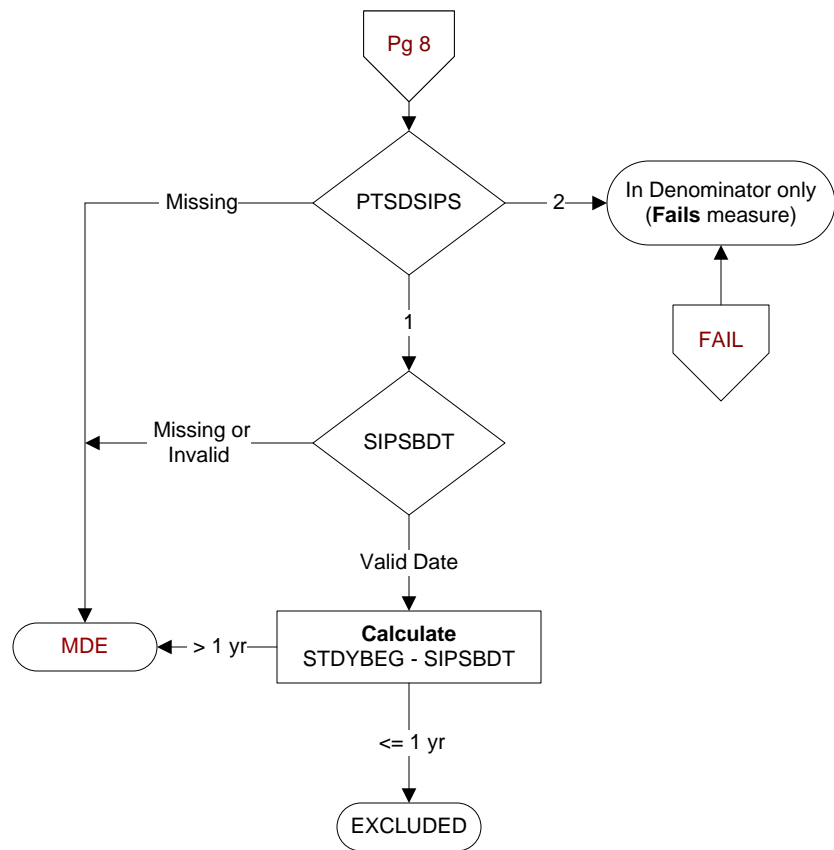
**Have you ever experienced this kind of event?**

1. Yes  
2. No  
99. Response not documented

(MH) Enter the patient's answers to each of the PC-PTSD5 Screen questions:  
**In the past month, have you:**  
**SCRPTSD1.** Had nightmares about the event(s) or thought about the event(s) when you did not want to?  
**SCRPTSD2.** Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?  
**SCRPTSD3.** Been constantly on guard, watchful, or easily startled?  
**SCRPTSD4.** Felt numb or detached from people, activities, or your surroundings?  
**SCRPTSD5.** Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

1. Yes  
2. No  
99. Response not documented

**SCRPTSD5 (MH)**  
Enter the total score for the PC-PTSD5 screen documented in the record..



**PTSDSIPS (MH)**  
During the past year, was the patient screened for PTSD using the Single Item PTSD Screener-B (SIPS-B) at a VHA facility that uses the Cerner electronic health record?  
1. Yes  
2. No

**SIPSDT (MH)**  
Enter the most recent date the SIPS-B was completed.