

**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:

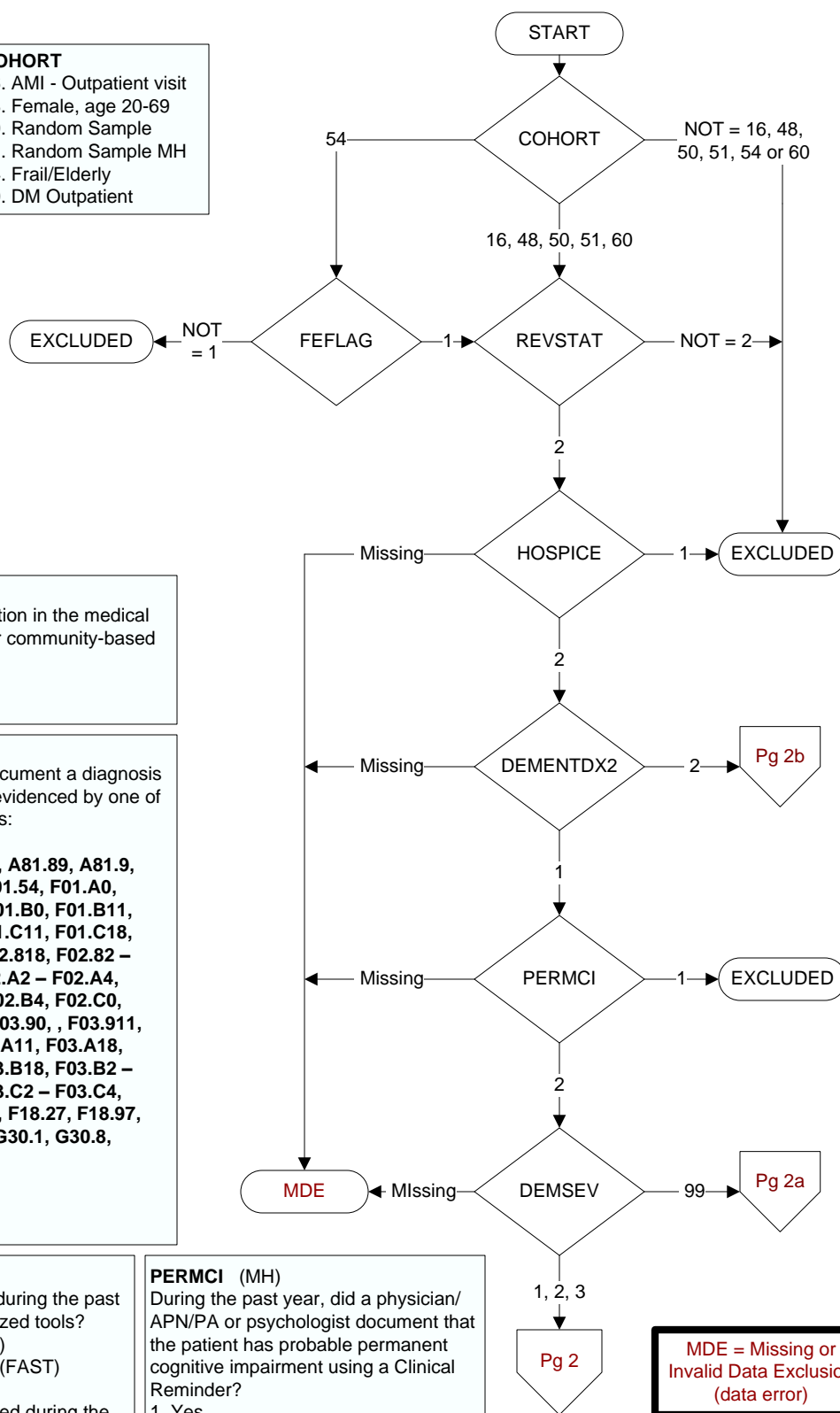
**A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, , F01.511, F01.518, F01.52 – F01.54, F01.A0, F01.A11, F01.A18, F01.A2 – F01.A4, F01.B0, F01.B11, F01.B18, F01.B2 – F01.B4, F01.C0, F01.C11, F01.C18, F01.C2 – F01.C4, F02.80, , F02.811, F02.818, F02.82 – F02.84, F02.A0, F02.A11, F02.A18,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

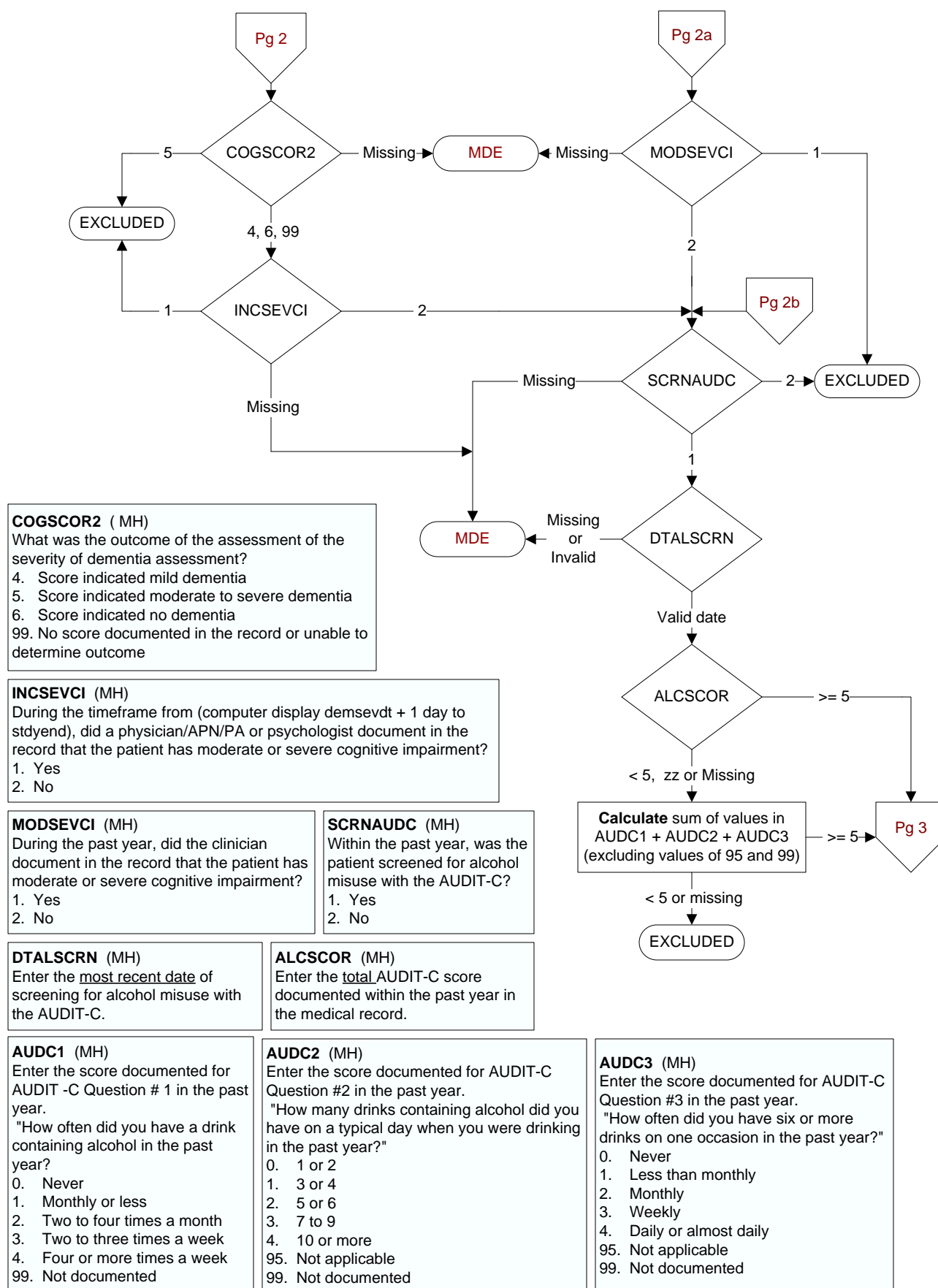
1. Yes  
2. No

**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

**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





During the timeframe from (Computer to enter DTALSCRN to DTALSCRN +14 days), does the record document any of the following components of brief alcohol intervention/counseling for past-year drinkers?

**Indicate all that apply and the date brief alcohol intervention/counseling was noted in the record:**

**ALCBAI3.** Advised/informed patient to abstain OR explicitly advised/informed patient to drink within recommended limits

**ALBAI3DT:** Date of ALCBAI3

**ALCBAI4.** Provided personalized feedback regarding relationship of alcohol to the patient's specific health issues OR general alcohol-related intervention/counseling (not linked to patient's issues)

**ALBAI4DT:** Date of ALCBAI4

ALCBAI99.No alcohol intervention/counseling documented

-1 = Yes

0 = No

