

## BPDXYR (MH)

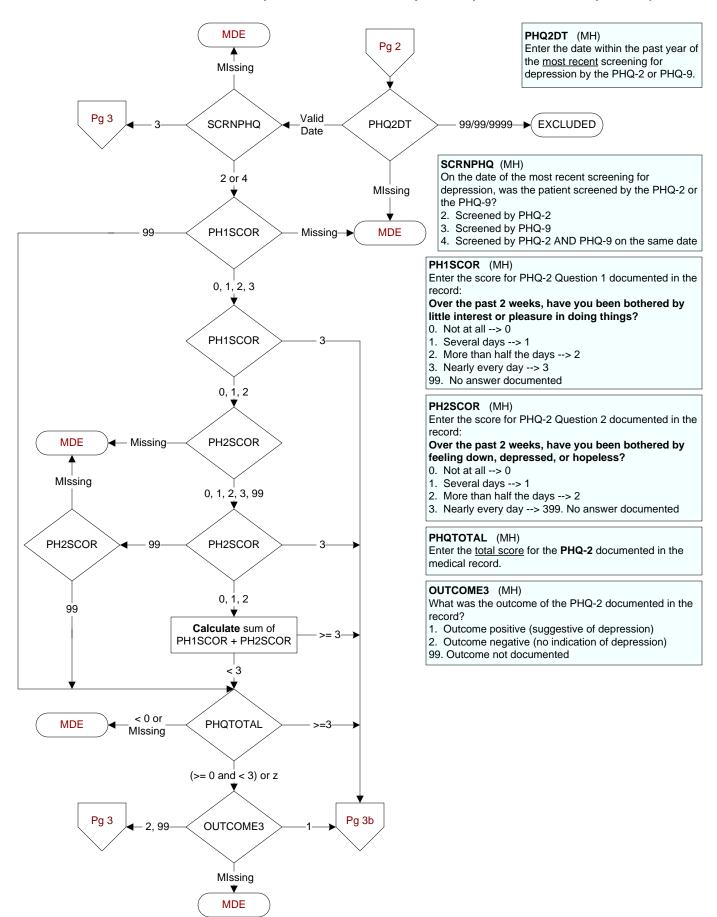
Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-9-CM codes: 296.5x, 296.6x, 296.7x, or 296.8x

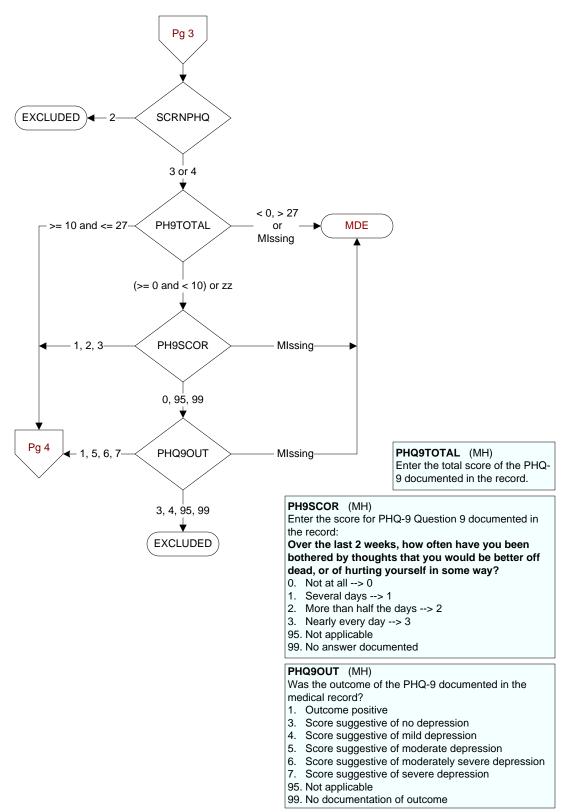
- 1. Yes
- 2. No

Invalid Data Exclusion

(data error)

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### **DEPEVAL** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient needed further intervention?

- 1. Yes, documented further intervention needed
- 2. Documented no further intervention needed
- 99. No documentation regarding further intervention

### NODEPINT (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient refused further evaluation/treatment for depression?

- 1. Yes
- 2. No

### **DEPCARE** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient was already receiving recommended care for depression?

- 1. Yes
- 2. No

## DECAROUT (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient was to receive care for depression outside this VA?

- 1. Yes
- 2. No

### **DEPMHEVL** (MH)

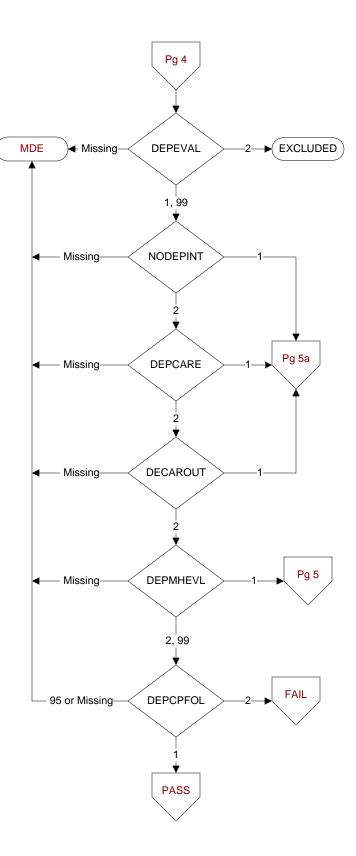
Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document that the patient needed a mental health evaluation?

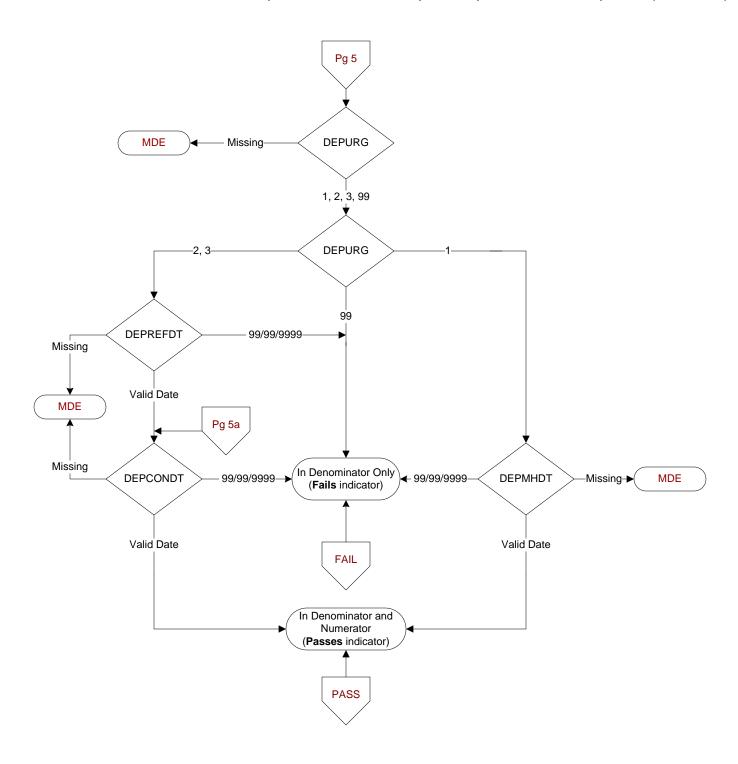
- 1. Yes, mental health evaluation needed
- 2. No mental health evaluation needed
- 99. No documentation regarding mental health evaluation

## **DEPCPFOL** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document that the patient will follow-up with a primary care provider?

- 1. Yes
- 2. No
- 95. Not applicable





# **DEPURG** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to question 9, did the provider document the urgency of the mental health evaluation?

- 1. Immediate/emergent mental health evaluation needed
- 2. Urgent mental health evaluation needed
- 3. Non-urgent mental health evaluation needed
- 99. No documentation of urgency of care

### **DEPMHDT** (MH)

Enter the date the patient was <u>emergently</u> transferred to mental health care services.

### **DEPREFDT** (MH)

Enter the date the mental health consult was placed.

### **DEPCONDT** (MH)

Enter the date the provider documented contact information was provided to the patient.