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|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Pre-fillQI pre-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNPTNAMEFPTNAMELBIRTHDTSEXRACEETHNICITYAGE | Patient SSNFirst NameLast NameBirth DateSexRaceEthnicityAge | Pre-fill: no changePre-fill: no changePre-fill: no changePre-fill: no changePre-fill: **can change**Pre-fill: no changePre-fill: no changeIf valmsenc =1, calculate age at msencdt, else if valmsenc = 2, calculate age at msencdt2 |  |
| 1 | msencdt | Computer will pre-fill the date of the earliest outpatient Neurology, Physical Medicine & Rehabilitation (PM&R) or Spinal Cord Injury (SCI) encounter during the time frame from 10/01/2020 to 09/30/2021.  | mm/dd/yyyy**Computer will pre-fill, cannot be modified**

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| >= 10/01/2020 and <=09/30/2021 |

 | Computer will pre-fill the date of the **earliest** outpatient encounter with Neurology, Physical Medicine and Rehabilitation (PM&R) or Spinal Cord Injury (SCI) provider during the specified time frame. |

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| 2 | valmsenc | On (computer to display msencdt) is there documentation of an outpatient Neurology, PM&R or SCI encounter with a Physician/APN/PA.1. Yes2. No | 1,2If 2, go to msencdt2  | An outpatient encounter may include: * Face-to-face visit
* Telehealth visit
* Telephone note
* e-Consult only where the patient is seen by a Physician/APN/PA

**Exclude:*** Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI)
* Telephone calls to inform patient of test results.
* Provider to provider encounters where the patient is not present
* Encounters at non-VHA facilities
 |
| 3 | clinspec | Indicate the clinic specialty for the encounter on (computer to display msencdt).1. Neurology
2. Physical Medicine and Rehabilitation (PM&R)
3. Spinal Cord Injury (SCI)
4. None of the above
 | 1,2,3,99If 99, go to msencdt2 | Please review the provider note on the specified encounter date and indicate the provider that saw the patient for a diagnosis of Multiple Sclerosis (MS). |

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| 4 | msdx | Enter the Multiple Sclerosis (MS) ICD-10-CM diagnosis code documented in the record for the encounter on (computer display msencdt). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_**Pre-filled: can be modified** ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)Abstractor can enter xxx.xxxx If valid or xxx.xxxx, go to neuromsdx

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| **Cannot enter 000.0000, 123.4567, or 999.9999** |

 | **Verify the** **pre-filled Multiple Sclerosis (MS) ICD-10 diagnosis code is documented in the record.****The MS ICD-10 code may be the primary or secondary code.****MS ICD-10 CM diagnosis code G35*** If the pre-filled diagnosis code does not match the diagnosis found in the medical record enter xxx.xxxx.
* **Do NOT change the MS diagnosis code unless the MS diagnosis code documented in the record is not the code displayed in the software.**

G35 Multiple Sclerosis includes:* Disseminated multiple sclerosis
* Generalized multiple sclerosis
* Multiple sclerosis NOS
* Multiple sclerosis of brain stem
* Multiple sclerosis of cord
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| 5 | msencdt2 | During the timeframe from 10/01/2020 to 09/30/2021, enter the date of the earliest outpatient neurology, PM&R or SCI encounter with a Physician/APN/PA at this facility. | mm/dd/yyyy

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| >= 10/01/2020 and <= 09/30/2021 |

Abstractor may enter 99/99/9999**If 99/99/9999, the case is excluded** | **Enter the exact date of the earliest neurology, PM&R or SCI outpatient encounter during the specified timeframe.** The specified encounter must be with a Physician/APN/PA. If there are multiple encounters on the same date, neurology encounters take priority over other encounters.**An outpatient Neurology encounter may include:** * Face-to-face visit
* Telehealth visit
* Telephone note
* e-Consult only where the patient is seen by a Physician/APN/PA

**Exclude:*** Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI)
* Telephone calls to inform patient of test results
* Provider to provider encounters where the patient is not present
* Encounters at non-VHA facilities

**If there is no VA outpatient Neurology, PM&R or SCI encounter in the specified timeframe, enter 99/99/9999.****Suggested data sources**: Neurology, PM&R, or SCI clinic or tele-video notes**Exclusion Statement:** Although the sample information indicated the patient had a neurology, PM&R or SCI outpatient encounter, medical record documentation did not find an encounter within the specified time frame. |
| 6 | clinspec2 | Indicate the clinic specialty for the encounter on (computer to display msencdt2).1. Neurology
2. Physical Medicine and Rehabilitation (PM&R)
3. Spinal Cord Injury (SCI)

99. None of the above | 1,2,3,99 | Please review the provider note on the specified encounter date and indicate the provider that saw the patient for a diagnosis of Multiple Sclerosis (MS). |
| 7 | msdx2msdxoth1msdxoth2msdxoth3msdxoth4msdxoth5 | Enter the Multiple Sclerosis (MS) ICD-10-CM diagnosis code and other ICD-10-CM diagnosis codes documented in the record for the encounter on (computer display msencdt2). | \_\_ \_\_ \_\_ . \_\_ \_\_ \_\_ \_\_ ( 3 alpha-numeric characters/decimal point/four alpha-numeric characters)Abstractor can enter xxx.xxxx May enter up to six codes

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| **Cannot enter 000.0000, 123.4567, or 999.9999** |

 | **The MS ICD-10-CM code is G35. The code may be a primary or secondary code.** **Enter all diagnosis codes documented on the date of the encounter.**G35 Multiple Sclerosis includes:* Disseminated multiple sclerosis
* Generalized multiple sclerosis
* Multiple sclerosis NOS
* Multiple sclerosis of brain stem
* Multiple sclerosis of cord

**If no other diagnosis codes are found in the record, enter xxx.xxxx.** |

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| 8 | neuromsdx | On (If valmsenc =1, computer display msencdt, else display msencdt2) did the Physician/APN/PA document the patient had a diagnosis of Multiple Sclerosis (MS)?1. Yes2. No | 1,2If 2, go to subtypms1 | **Look for documentation that the Physician/APN/PA clearly stated the diagnosis of Multiple Sclerosis (MS) in the progress note on the date of the encounter.** If MS is documented in the notes, select value “1”. Documentation may include terms such as “Definite MS”; “Diagnosed with MS”; “Confirmed Diagnosis of MS”; “Diagnosis Confirmed”; and “Diagnosed as MS and Meets McDonald"**Note:** The McDonald Criteria enable more rapid diagnosis of MS and thus permit earlier treatment of MS.If there is no documentation of MS diagnosis in the Physician/APN/PA note on the date of the encounter, select value “2”. |
| 9 | msproblst | On (If valmsenc =1, computer display msencdt, else display msencdt2) is a diagnosis of Multiple Sclerosis (MS) documented on the Problem list?1. Yes
2. No
 | 1,2 | **Only review the Problem list.** If the diagnosis of Multiple Sclerosis (MS) is on the problem list select value “1”, otherwise select value “2”. |
| 10 | subtypms1subtypms2subtypms3subtypms4subtypms5subtypms99 | Select all subtype(s) of Multiple Sclerosis (MS) documented by the Physician/APN/PA in the **encounter note** on (If valmsenc =1, computer display msencdt, else display msencdt2).**Select all that apply:**1. Relapsing Remitting (RR) MS
2. Secondary Progressive (SP) MS
3. Primary Progressive (PP) MS
4. Progressive MS
5. Relapsing MS

99. Not documented | 1,2,3,4,5,99Cannot select 99 with any other value | **Select all subtypes that are documented in the Physician/APN/PA progress note on the date of the encounter.** * Subtypes may be documented as abbreviations (RRMS, SPMS, or PPMS) and as active or inactive conditions.

**For example**, PA progress note documentation states “RRMS and PPMS”, select value “1” Relapsing Remitting (RR) MS and value “3” Primary Progressive (PP) MS for the documented abbreviations * Select all subtypes whether they are documented as active or inactive in the notes.

**Continued on next page****For example**, Neurology progress notes states “Inactive Progressive MS”, select value “4” or "Active relapsing MS", select value “5”.* If any documentation is present of a MS subtype in the physician/APN/PA note, select the corresponding value.
* If there is no subtype documented in the progress note, select value “99”.
 |
| 11 | subsnmd | In the Physician/APN/PA **encounter note**, on (If valmsenc =1, computer display msencdt, else display msencdt2), are anySNOMED**/**ICD-10 CM diagnosis code(s) for any subtype(s) of Multiple Sclerosis (MS) present in the note?1.Yes2.No | 1,2 | **Look for documentation of any MS subtype(s) with SNOMED code/G35 ICD-10 CM diagnosis code in the encounter note.** **If any MS subtype SNOMED code is listed in the encounter note select value “1”.**MS subtype SNOMED codes that may appear in the encounter note could include any of the following: * **SNOMED Code 426373005:** Relapsing-remitting multiple sclerosis
* **SNOMED Code 428700003:** Primary progressive multiple sclerosis
* **SNOMED Code 425500002:** Secondary progressive multiple sclerosis
 |
| 12 | subproblst | On (If valmsenc =1, computer display msencdt, else display msencdt2) is the subtype(s) of Multiple Sclerosis (MS) documented on the **Problem list**?1. Yes
2. No
 | 1,2 | **Only review the Problem list** **for documentation of subtype(s) of Multiple Sclerosis.** **MS subtypes include the following:*** Relapsing Remitting (RR) MS
* Secondary Progressive (SP) MS
* Primary Progressive (PP) MS
* Progressive MS
* Relapsing MS

**(Continued on next page)****Examples of subtype(s) documentation on the Problem list include the following:**Relapsing remitting (426373005) Secondary progressive (425500002)Primary progressive (428700003)Neuromyelitis optica (25044007)If any documentation of the MS subtype is noted on the problem list, select value “1”.  |
| 13 | msdmt | On (If valmsenc =1, computer display msencdt, else display msencdt2) did the Physician/APN/PA document any comment or discussion of Multiple Sclerosis (MS) Disease Modifying Therapies (DMT)?1. Yes
2. No
 | 1,2 | **Multiple Sclerosis (MS) Disease Modifying Therapies (DMT) are often documented in the plan of care and are** **long term drug therapy. Refer to Table 1 for a reference list of FDA approved disease modifying therapies for MS.**Select value “1” for any documented discussion of DMT related to the treatment for MS. **Documentation of DMT discussion may include, but is not limited to any of the following:** * Adherence to prescribed medications;
* Discussion of medication side effects;
* Tolerance of DMT for MS;
* Desire to stop DMT or documentation indicating that the patient wants to try a different DMT
* Documentation stating DMT is “appropriate,” “not appropriate,” or “going well”
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