

**CATNUM**  
Sample category  
16. AMI - Outpatient visit  
36. SCI Dx  
48. Female, age 20-69  
50. Random Sample  
51. Random Sample MH  
54. Frail/Elderly  
60. DM Outpatient  
61. Inpatient SC  
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 required answers (error record)  
5. Administrative exclusion from all measures

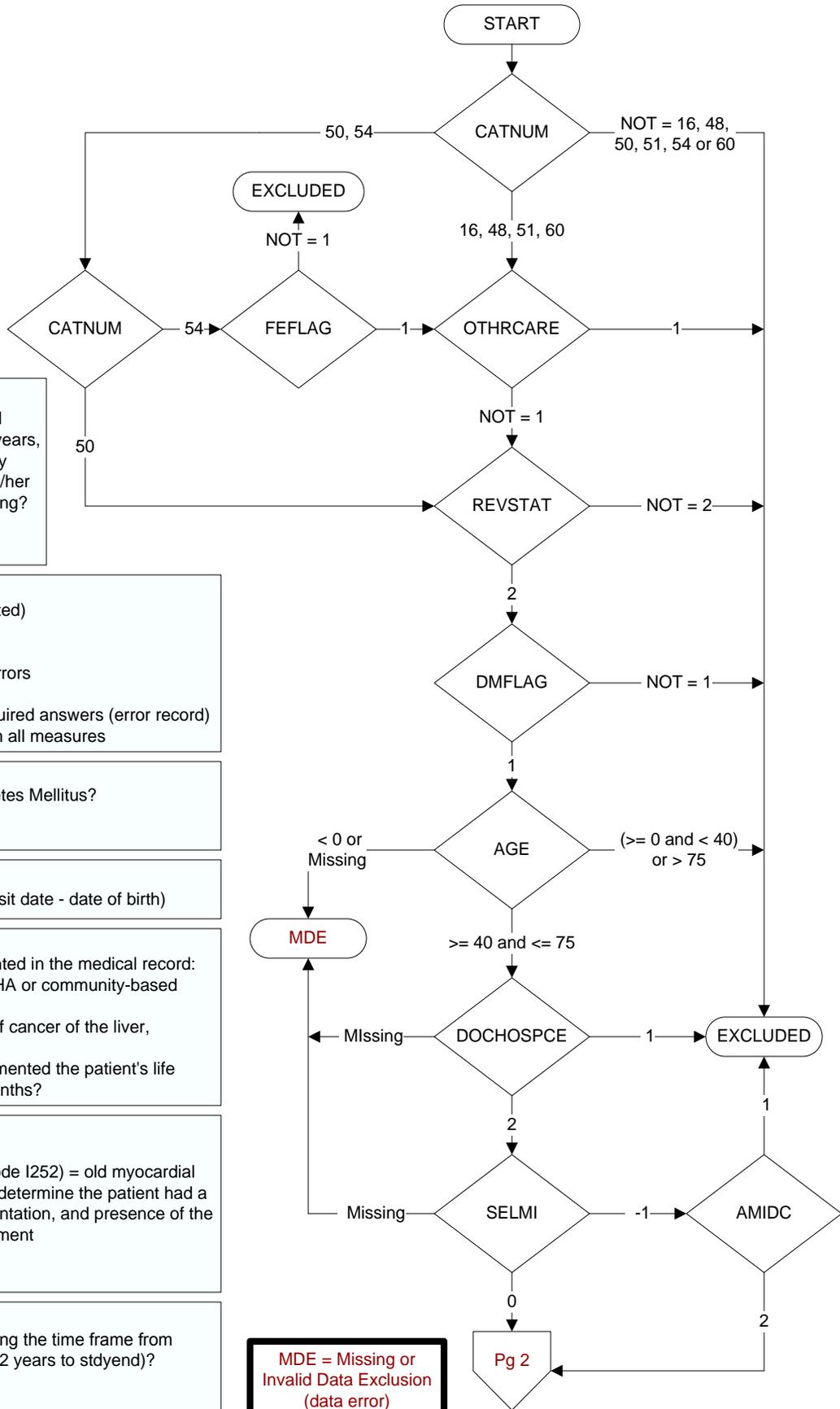
**DMFLAG** (rcvd on Pull List)  
Pt flagged w diagnosis of Diabetes Mellitus?  
0. No  
1. Yes

**AGE** (Calculated field)  
NEXUSDT - BIRTHDT (clinic visit date - date of birth)

**DOCHOSPCE** (PI module)  
Is one of the following documented in the medical record:  
- the patient is enrolled in a VHA or community-based Hospice program  
- the patient has a diagnosis of cancer of the liver, pancreas, or esophagus  
- on the problem list it is documented the patient's life expectancy is less than 6 months?

**SELM1** (CVD module)  
**4 = Old Myocardial Infarction**  
ICD-9-CM code 412 (ICD-10 code I252) = old myocardial infarction. The abstractor may determine the patient had a past AMI from clinician documentation, and presence of the code is not an absolute requirement  
-1. Yes / True  
0. No / False

**AMIDC** (CVD module)  
Did the patient's AMI occur during the time frame from (computer to display stdybeg - 2 years to stdyend)?  
1. Yes  
2. No



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

**SELCABG (Validation)**  
**6 = CABG in past two years**  
**Abstractor must know approximate month and year of px**  
**ICD-9-CM Code:** 36.1 (ICD-10 0210093, 0210493, 02100A3, 02100J3, 02100K3, 02100Z3, 02104A3, 02104J3, 02104K3, 02104Z3)  
**ICD-9-CM Code 36.2 (ICD-10 021K0Z8, 021K0Z9, 021K0ZC, 021K0ZW, 021K4Z8, 021K4Z9, 021K4ZC, 021K4ZW, 021L4Z8, 021L4Z9, 021L0ZC, 021L0Z8, 021L0Z9, 021L4ZC)**  
 -1. Yes / True  
 0. No / False

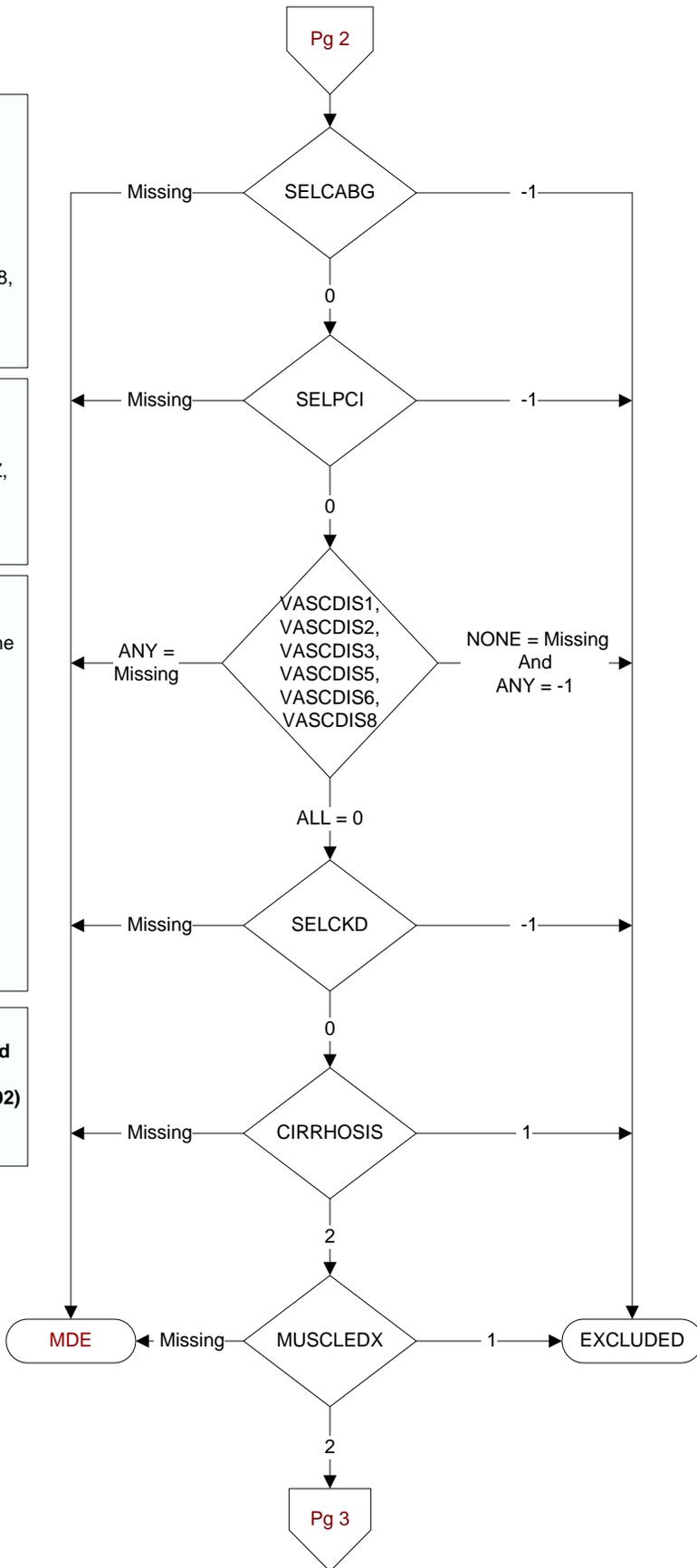
**SELPCI (Validation)**  
**5 = PCI in past two years**  
**Abstractor must know approximate month and year of px**  
**ICD-9-CM Code :** 00.66 (ICD-10 02703ZZ, 02704ZZ, 02713ZZ, 02714ZZ, 02723ZZ, 02724ZZ, 02733ZZ, 02734ZZ)  
 -1. Yes / True  
 0. No / False

**VASCDIS (Validation)**  
 Within the past two years, at any inpatient or outpatient encounter, did the patient have an active diagnosis of any of the following?  
**Indicate all that apply:**  
**VASCDIS1.** Coronary artery disease  
**VASCDIS2.** Angina  
**VASCDIS3.** Lower extremity arterial disease/peripheral artery disease  
**VASCDIS4.** Transient cerebral ischemia  
**VASCDIS5.** Stroke  
**VASCDIS6.** Atheroembolism  
**VASCDIS7.** Abdominal aortic aneurysm  
**VASCDIS8.** Renal artery atherosclerosis  
**VASCDIS99.** No ischemic vascular disease diagnosis  
 -1. Yes / True  
 0. No / False

**SELCKD (Validation)**  
**11 = Chronic Kidney (Renal) Disease, stage 5 or ESRD (end stage renal disease) in past two years**  
**Codes: 585.5, 585.6 (ICD-10 codes N185, N186, Z9115, Z992)**  
 -1. Yes / True  
 0. No / False

**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)  
 NEXUSDT - 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

**STATIN** (Shared)  
 During the past year, was a statin medication prescribed for the patient?  
 1. Yes  
 2. No

**DESTATIN** (Shared)  
 Designate the statin prescribed for the patient during the past year.  
 1. Atorvastatin  
 2. Fluvastatin  
 3. Lovastatin  
 4. Pravastatin  
 5. Rosuvastatin  
 6. Simvastatin  
 7. Pitavastatin  
 99. Unable to determine

**STATNDOS** (Shared)  
 Enter the daily dose of the statin medication in milligrams.  
 (If dose is not documented, abstractor can enter zz.z)

