Use of the Suggested Clinical Data Elements is Voluntary / Optional

Enteral Nutritional Therapy Order
Suggested Clinical Data Elements (CDEs)

Version R1.0b (5/20/2018)

Note: If these CDEs are used:
  1) CDEs in black Calibri are required
  2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
  3) CDEs in blue Times New Roman are recommended but not required

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Beneficiary Information CDEs

PBD: Patient/Beneficiary Demographics

   PBD1: Patient's first name, last name, and middle initial (text)
   PBD2: Patient's date of birth (date: MM/DD/YYYY)
   PBD3: Patient's Gender (Single selection from the value set: M, F, Other)
   PBD4: Patient's Medicare ID (Medicare ID format and check digit)
   PBD5: Patient's Address (text – up to two lines)
   PBD6: Patient's City (text – validate against valid cities for the state)
   PBD7: Patient's State (Single selection from value set: States – two letter abbreviation)
   PBD8: Patient's ZIP (5+optional 4 – validate against Post Office list)
   PBD9: Patient's Telephone Number (xxx-xxx-xxxxx ext. xxxxx)

OBJ: Objective / Physical Exam:

   OBJ1: Vital Signs:
      OBJ1e: Height: (single part: numeric and units or two part with numeric and units for each)
      OBJ1f: Weight: (single part: numeric and units or two part with numeric and units for each)

F2F Encounter CDEs

PND: Provider/NPP Demographics

   PND9: Ordering provider performed the evaluation (Single selection from value
      set: Yes (checked), No)
   PND1: Provider or Allowed NPP first name, last name, middle initial, and suffix (text).
   PND2: Provider NPI (Numeric with check digit)

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Diagnoses CDEs

- **DIAG:** Patient diagnoses (repeat as necessary)
- **DIAG1:** Diagnoses
- **DIAG1a**: ICD10 (code) (from valid list of ICD10 codes)
- **DIAG1b**: Description (text)

Enteral Nutritional Therapy Order CDEs

ENTORD: Enteral Nutritional Therapy Order Type

> ***ENTORD1****: Type of order (Single selection from value set: Initial, change in method of administration from syringe or gravity to pump, resumption of use of pump after at least two months, change in method of administration (other than to pump), change in number of calories per day, change in number of days per week, change in route of administration*
>
> ENTORD1a: Other (text)

ENTORD: Enteral Nutritional Therapy Order Date(s)

> ***ENTORD2****: Order date, if different from signature date (date: MM/DD/YYYY)*
> ***ENTORD3****: Start date, if different from order date (date: MM/DD/YYYY)*

ENTORD: Enteral Nutritional Therapy Order Place of Service

> **ENTORD4:** Place of service (single selection from value set: Patient's home (12), End Stage Renal Disease facility (ESRD) (65), Skilled Nursing Facility (SNF) (31), Other)
> **ENTORD4a**: Other (text)
> **ENTORD5**: Facility name (if appropriate) (text)
> **ENTORD5a:** Address (text – up to two lines)
> **ENTORD5b**: City (text – validate against valid cities for the state)
> **ENTORD5c**: State (Single selection from value set: States – two letter abbreviation)
> **ENTORD5d**: ZIP (5+optional 4 – validate against Post Office list)
> **ENTORD5e**: Telephone number and extension (xxx-xxx-xxxx ext. xxxxx)

ENTORD: Enteral Nutritional Therapy Order Questions

> **ENTORD6**: Estimated length of need in months (Numeric) (Note: 99 is lifetime)
> **ENTORD7**: Does documentation in the medical record support the patient having a permanent non-function or disease of the structures that normally permit food to reach or be absorbed from the small bowel? (Single selection from value set: Yes, No)
> **ENTORD8**: Is the enteral nutrition being provided for administration via tube (e.g. gastrostomy tube, jejunostomy tube, nasogastric tube)? (Single selection from value set: Yes, No)
> **ENTORD9**: Method of administration (Single selection from value set: Syringe, Gravity, Pump, Oral (e.g. drinking))
> **ENTORD10:** Days per week administered or infused (Numeric) (range 1-7)

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ENTORD: Enteral Nutritional Therapy Order Questions

Order (supply kits, IV pole, pump, feeding tube, etc.) Notes: 1) appendices describe relationship between method of administration and allowed nutrients and supplies, 2) frequency may also be calories per 24-hour period.

ENTORD11: Item description (text)
ENTORD12: Frequency (text)
ENTORD13: Quantity (numeric, units)
ENTORD14: Refills (numeric)
ENTORD15: Other (text)
ENTORD16: If nutritional infusion pump is required (need must be documented in the medical record) (Single selection from value set: Stationary, Portable)

Provider Signature CDEs

SIGPNP: Physician/NPP Signature Elements

SIGPNP1: Physician/NPP Signature (image, electronic, or digital)
SIGPNP2: Physician/NPP Printed Name (text)
SIGPNP6: Date of Signature (MM/DD/YYYY)
SIGPNP4: Physician/NPP NPI (NPI format) Note: required if WOPD
SIGPNP7: Provider Address (text – up to two lines)
SIGPNP8: Provider City (text – validate against valid cities for the state)
SIGPNP9: Provider State (Single selection from value set: States – two letter abbreviation)
SIGPNP10: Provider ZIP (5+optional 4 – validate against Post Office list)
SIGPNP11: Provider Telephone number and extension (xxx-xxx-xxxxx ext. xxxxx)