

External Infusion Pump Order
Suggested Clinical Data Elements (CDEs)

Version R1.0a (4/30/2018)

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

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)

ENC: Required for items covered by ACA and needing a Written Order Prior to Delivery (WOPD)

- ENC1:** Date of F2F evaluation performed by ordering provider (date: MM/DD/YYYY)

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Diagnoses CDEs

EIPDIAG: External Infusion Pump Medical Condition / Diagnoses

Note: for each medical condition / diagnosis, the associated ICD-10 code may optionally be selected.

EIPDIAG1: Patient medical condition / diagnosis (Multiple selection from value set: Treatment of diabetes; Immunodeficiency; Pulmonary hypertension; Hypercalcemia; Parkinson's disease; Acute lymphoblastic leukemia, in relapse; Chronic iron overload; Intractable/chronic pain, Chemotherapy; Stage D heart failure - inotropic therapy; Anti-viral; Anti-fungal; Other)

If Other, **EIPDIAG1a:** Other (text)

EIPDIAG2: ICD-10 code (Multiple selection from diagnosis value set)

External Infusion Pump Need CDEs

EIPORD: External Infusion Pump Need

EPIORD2: Order date, if different from signature date (date: MM/DD/YYYY)

EPIORD3: Start date, if different from order date (date: MM/DD/YYYY)

External Infusion Pump Type of Order CDEs

EIPORD: External Infusion Pump Order

EIPORD5: Type of order (Single selection from value set: Initial order [select drug(s) and associated external infusion pump, if appropriate; Reorder for drugs only (external infusion pump should not be selected); change in status; revision of order, other)

Multiple selection allowed from the selection value below or text entry if other selected:

If change in status: Patient relocated, Different supplier, other

If revision of order: Equipment or other item, Frequency of use or amount prescribed

If Other, **EIPORD5a:** Other (text)

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EIPORD: External Infusion Pump Order Place of Service

EIPORD4: 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)

EIPORD4a: Other (text)

EIPORD5: Facility name (if appropriate) (text)

EIPORD5a: Address (text – up to two lines)

EIPORD5b: City (text – validate against valid cities for the state)

EIPORD5c: State (Single selection from value set: States – two letter abbreviation)

EIPORD5d: ZIP (5+optional 4 – validate against Post Office list)

EIPORD5e: Telephone number and extension (xxx-xxx-xxxx ext. xxxxx)

External Infusion Pump/Drugs Order CDEs

Note: may select multiple conditions, drugs, and associated pumps

EIPORD: External Infusion Pump/Drugs Order (from fixed diagnosis list and other)

EIPORD1: Medical Condition (multiple selection from medical condition value set) (see above)

EIPORD2: ICD-10 (Single selection from the ICD-10 value set) (see appropriate values)

EIPORD3: Drug (Multiple selection from the drug value set) (see appropriate values)

EIPORD4: HCPCS code for the drug (pre-assigned or text entry for other)

EIPORD5a: Route (single selection from value set: SQ, IM, IP)

EIPORD5b: Concentration (numeric in mg or units /ml)

EIPORD5c: Volume (numeric in ml)

EIPORD5d: Duration (numeric in minutes, hours or continuous)

EIPORD5e: Frequency (text or numeric in times per day)

EIPORD5f: Quantity (numeric in amount(ug/mg/units), volume in ml, length days/weeks)

EIPORD5g: Refills (numeric)

EIPORD6: External Infusion Pump (Single selection from the external infusion value set for the specific drug (see appropriate values)

EIPORD7: IV Pole (Single selection: checked (Yes), No)

EIPORD8: Other accessories or options (text)

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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**)