Use of the Suggested Clinical Data Elements is Voluntary / Optional

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 Italic 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-xxxx 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)