

Home Blood Glucose Monitor and Supplies F2F Encounter Suggested Clinical Data Elements

Version R1.0a (9/5/2017)

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)

F2F Encounter CDEs

PND: Physician/NPP Demographics

If different than the signing provider

PND1: *Provider first name, last name, middle initial and suffix (text).*

PND2: *Provider NPI (Numeric with check digit)*

ENC: Encounter

ENC4: Date of evaluation (date: MM/DD/YYYY)

HGMENC: HGM Encounter Information

HGMENC1: Is this an in-person visit for diabetes diagnosis / management? (Single selection from value set: Yes, No)

HGMENC1a: If no, describe purpose. (text)

Diagnoses CDEs

HGMDIAG: Home Blood Glucose Monitoring Diagnoses

HGMDIAG1: Patient diagnosis: Diabetes Mellitus: (Single selection from the value set: Insulin treated, Non-insulin treated, Other)

If other, **HGMDIAG1a:** Other (text)

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Laboratory Validation CDEs

HGMTST: Home Blood Glucose Monitoring Testing Information

Note: Laboratory Validation (if providing test results please include initial and confirmatory if applicable):

HGMTST10: Testing validation method (Single selection from value set: Separate template or test report(s) confirming diagnosis of Diabetes Mellitus, confirmed by laboratory testing on)

DOT1: Date of testing (date: MM/DD/YYYY)

HMGST5: Date of confirmation testing (date MM/DD/YYYY)

HGMTST1: Fasting plasma glucose level: (numeric, mg/dl)

HGMTST6: Fasting plasma glucose level: (numeric, mg/dl)

HGMTST4: A1C level: (numeric, %)

HGMTST9: A1C level: (numeric, %)

HGMTST2: Random plasma glucose level: (numeric, mg/dl)

HGMTST7: Random plasma glucose level: (numeric, mg/dl)

HGMTST3: Two-hour oral glucose tolerance test, plasma glucose level: (numeric, mg/dl)

HGMTST8: Two-hour oral glucose tolerance test, plasma glucose level: (numeric, mg/dl)

Subjective CDEs

SUB: Subjective

SUB1: Chief complaint/history of present illness and associated signs/symptoms (text)

SUB2: Related past medical/surgical history (text)

MED: Medications (Status value set: New, Current, Modified, Discontinued)

MED1: Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

MED2: Other Medications (text)

ALL: Allergies (include RxNorm if Known)

ALL1: Allergies (RxNorm, Description ...)

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Review of Systems CDEs

ROS: Review of Systems (Multiple selection from all of the following elements, ROS1-ROS21 and value set following each)

ROS1: General: weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats/diaphoresis

ROS1a: other: (text)

ROS2: Skin: pressure ulcers, rashes, changes in nails/hair, eczema, pruritus

ROS2a: other: (text)

ROS3: Lymphatic: swollen glands/masses (in the neck, axilla, groin)

ROS3a: other: (text)

ROS4: Head: fainting, dizziness, headaches

ROS4a: other: (text)

ROS5: Eyes: diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts

ROS5a: other: (text)

ROS6: Ears: tinnitus, discharge, hearing loss

ROS6a: other: (text)

ROS7: Nose: epistaxis, sinus infections, discharge, polyps

ROS7a: other: (text)

ROS8: Oral: dysphagia, hoarseness, teeth/dentures

ROS8a: other: (text)

ROS9: Neck: lumps, pain on movement

ROS9a: other: (text)

ROS10: Breast: masses/tumors, tenderness, discharge, gynecomastia

ROS10a: other: (text)

ROS11: Pulmonary: cough, shortness of breath, pain, wheezing, hemoptysis, sputum production

ROS11a: other: (text)

ROS12: Cardiac: chest pain, palpitations, orthopnea, murmur, syncope

ROS12a: other: (text)

ROS13: Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers

ROS13a: other: (text)

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ROS14: Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis

ROS14a: other: (text)

ROS15: Renal: dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria

ROS15a: other: (text)

ROS16: Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fractures, deformity, weakness

ROS16a: other: (text)

ROS17: Neurologic: seizures, poor memory, poor concentration, numbness/tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, falls, vertigo, headaches, stroke, speech disorders

ROS17a: other: (text)

ROS18: Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes

ROS18a: other: (text)

ROS19: Hematology: anemia, bruising, bleeding disorders (conditional)

ROS19a: other: (text)

ROS20: Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter

ROS20a: other: (text)

ROS21: Other:(text)

Objective / Physical Exam CDEs

OBJ: Objective / Physical Exam:

OBJ1: Vital signs:

OBJ1a: Temperature: (numeric and units)

OBJ1b: Pulse: (numeric – beats per minute)

OBJ1c: Respiration: (numeric – breaths per minute)

OBJ1d: Blood pressure:

Systolic: (numeric – mm of mercury)

Diastolic: (numeric – mm of mercury)

OBJ1e: Height: (single part with numeric and units or two part with numeric and units for each)

OBJ1f: Weight: (single part with numeric and units or two part with numeric and units for each)

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OBJ: Objective / Physical Exam:

- OBJ2:** General appearance: (text)
- OBJ3:** Head and neck: (text)
- OBJ4:** Chest/lungs: (text)
- OBJ5:** Cardiovascular: (text)
- OBJ6:** Abdominal: (text)
- OBJ7:** Musculoskeletal/extremities: (text)
- OBJ8:** Neurological: (text)
- OBJ9:** Psychiatric: (text)
- OBJ10:** Visual exam: (text)
- OBJ11:** Other: (text)

Assessment, Plan and Order CDEs

ASM: Assessment

ASM1: Assessment/status (text)

HGMASM: Home Blood Glucose Monitoring Assessment

HGMASM1 Is the patient capable of being trained to use the glucose monitoring device prescribed in an appropriate manner? (Single selection from value set: Yes, No)

HGMASM1a: If no, is there a responsible care giver? (Single selection from value set: Yes, No)

HGMASM2: Is the patient (or responsible caregiver) visually impaired severely enough to require special monitoring system (voice, timer, special design)? (Single selection from value set: Yes, No)

HGMASM3: Does the patient (or responsible caregiver) have impairment of manual dexterity severe enough to require special monitoring system (voice, timer, special design)? (Single selection from value set: Yes, No)

HGMASM4 Provider is certifying that a specialized glucose monitoring device is required to address the physical limitations of the patient or caregiver: (Single selection from value set: Yes, No)

HGMASM6: Is patient willing to perform blood glucose monitoring? (Single selection from value set: Yes, No)

HGMASM6a: If no, is there a responsible caregiver? (Single selection from value set: Yes, No)

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Treatment Plan CDEs

Note: If the answer to either HGMASM6 or HGMASM6a is yes, monitoring schedule, if appropriate:

HGMFREQ: Home Blood Glucose Monitoring Time/Frequency Information

HGMFREQ1: *Non-insulin treated: (Single selection from value set: daily, >1 time daily)*

HMGFREQ1a: *Indication: (text)*

HGMFREQ2: *Insulin treated: (Single selection from value set: up to 3x daily, >3x daily)*

HMGFREQ2a: *Indication: (text)*

HGMFREQ3: *Time of testing: (Multiple selection from value set: fasting, Q AM, before a meal (AM, Noon, Evening), before bedtime, Q HS, Other)*

If other, HGMFREQ3a: Other (text)

PLAN: Treatment Plan

PLAN1: *Treatment plan (text)*

ORD: Orders

ORD1: *Medications: (text)*

ORD2: *Supplies: (text)*

ORD3: *Investigations (Diagnostic testing): (text)*

ORD4: *Consults: (text)*

ORD5: *Other: (text)*

Provider Signature CDEs

SIGPNP: Physician/NPP Signature Elements

SIGPNP1: *Physician/NPP signature (image, electronic, or digital)*

SIG2PNP: *Physician/NPP Name (printed) (text)*

SIG5PNP: *Date of signature (MM/DD/YYYY)*

SIG4PNP: *Physician/NPP NPI (NPI format)*