Use of the Suggested Clinical Data Elements is Voluntary / Optional

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)
- **HGMDIAG1a**: Other (text)
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**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)*

**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)*

**HMGSTST5**: 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

\textbf{HGMFREQ1:} Non-insulin treated: (Single selection from value set: daily, >1 time daily)

\textbf{HGMFREQ1a:} Indication: (text)

\textbf{HGMFREQ2:} Insulin treated: (Single selection from value set: up to 3x daily, >3x daily)

\textbf{HGMFREQ2a:} Indication: (text)

\textbf{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, \textbf{HGMFREQ3a:} Other (text)

PLAN: Treatment Plan

\textbf{PLAN1:} Treatment plan (text)

ORD: Orders

\textbf{ORD1:} Medications: (text)

\textbf{ORD2:} Supplies: (text)

\textbf{ORD3:} Investigations (Diagnostic testing): (text)

\textbf{ORD4:} Consults: (text)

\textbf{ORD5:} Other: (text)

Provider Signature CDEs

SIGPNP: Physician/NPP Signature Elements

\textbf{SIGPNP1:} Physician/NPP signature (image, electronic, or digital)

\textbf{SIG2PNP:} Physician/NPP Name (printed) (text)

\textbf{SIG5PNP:} Date of signature (MM/DD/YYYY)

\textbf{SIG4PNP:} Physician/NPP NPI (NPI format)