Use of the Suggested Clinical Data Elements is Voluntary / Optional

Home Health Services F2F Encounter
Suggested Clinical Data Elements

Version R1.0c (2/14/2018)

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)

F2F Encounter CDEs

ENC: Encounter

ENC4: Date of F2F evaluation (date: MM/DD/YYYY)

HHAF2F: F2F Encounter

HHAF2F5: Is this a F2F evaluation for Home Health Services (single selection from value set: Yes, No)

If Yes,

HHAF2F4: Is HHA generated information incorporated in the certifying physician’s records (single selection from value set: Yes, No)
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If Yes,

**HHAF2F4a:** Is the information specifically identified as to source (single selection from value set: Yes, No)

**HHAF2F4b:** Has the certifying physician reviewed, signed and dated the HHA information? (single selection from value set: Yes, No)

**Diagnoses CDEs**

**DIAG:** Diagnoses

Note: ICD-10-CM (code), Description (text), Date (date first diagnosed (if available): MM/DD/YYYY), Status (multiple selection from the value set: acute, chronic, acute-chronic, resolving, resolved)

**DIAG1:** Related to the need for home health services (repeat until complete: ICD-10-CM, Description, Date, Status)

**DIAG2:** Other pertinent diagnoses (repeat until complete: ICD-10-CM, Description, Date, Status)

**Subjective CDEs**

**SUB:** Subjective

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

**SUB2:** Related past medical / surgical history (text)

**PROC:** Procedures

(required if related to need for home health services or homebound status)

**PROC1:** Surgical Procedures (repeat until complete: ICD-10-CM, CPT, HCPCS, Description, Date, Status)

**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)

required if necessary to support need for home health services and/or homebound status

- **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, hemoptyisis, sputum production
  - **ROS11a:** other: (text)
- **ROS12:** Cardiac: chest pain, palpitations, orthopnea, murmur, syncope
  - **ROS12a:** other: (text)
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**ROS13**: Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers
  **ROS32a**: other: (text)

**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, hesititation, 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)
Pain Assessment

HHAPAS: Pain Assessment: (required if necessary to support need for home health services)

HHAPAS1: Location (text)
HHAPAS2: Quality: (multiple selection from value set: (aching, burning, radiating, other (text))
HHAPAS3: Severity: (single integer value in range of 1-10)
HHAPAS4: Duration: (single integer value and units from value set: days, weeks, months, years)
HHAPAS5: Timing: (single selection from value set: constant, intermittent, time of day (text))
HHAPAS6: Context: (single selection from value set: better, worse, no change) and Context 2: (single selection from value set: at work, rest, sleep, other (text))
HHAPAS7: Moderating factors: (single selection from value set: better, worse, no change) and Moderating factors 2: (single selection from value set: heat, ice, other (text))
HHAPAS8: Associated signs/symptoms: (text)

Objective / Physical Exam CDEs

(required if necessary to support need for home health services and/or homebound status)
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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OBJ1g: O2 Sat (RA at Rest) (Numeric, %)
OBJ1h: O2 Sat (with supplemental O2) (Numeric,%)
OBJ1i: Supplemental O2 (Numeric, LPM)

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 CDEs
ASM: Assessment
ASM1: Assessment/Status (text)

HHACTH: Confined to Home (if relevant)

HHACTH1: Does beneficiary, because of illness or injury, need: (multiple selection from the value set: supportive devices, special transportation, assistance to leave residence)

HHACTH1a: Describe (text)

HHACTH2: Is there a medical contraindication to leaving home? (single selection from value set: Yes, No)

HHACTH2a: Describe (text)

Note: One of the two questions above and both questions below must be affirmed and confirmation of the affirmative responses needs to be described within the documentation.

HHACTH3: Is there a normal inability to leave home? (single selection from value set: Yes, No)
HHACTH4: Does leaving home require a considerable and taxing effort (single selection from value set: Yes, No)

HHACTH4a: Describe (text)
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Related Physical Limitations: (that support homebound status)

**HHACTH5a**: Structural and Functional impairment (multiple selection from the value set: nervous system / mental functions; sensory functions (eye, ear and related structures); voice and speech; cardiovascular system; hematological and immunological system; respiratory system; digestive system; metabolic and endocrine systems; genitourinary system; skin and related structures; neuromusculoskeletal and movement-related structures; other)

**HHACTH5a1**: Describe (text)

**HHACTH6**: Additional information necessary to describe why the above selected structural and functional and activity impairments/limitations support homebound status: (text)

**Treatment Plan and Order CDEs**

PLAN: Treatment Plan

(required if necessary to support patient need for home health services)

**PLAN1**: Treatment Plan (text)

**Home Health Services Order CDEs**

Note: For each of the ordered skilled nursing services or therapy service, select as appropriate and indicate the following for each selected service:

**HHAORDF1**: Frequency (single selection from the value set: (weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other))

**HHAORDF2**: Duration (integer with units from value set: Days, Weeks or Months, or as indicated)
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HHAORD: Home Health Services Orders

**HHAORD1:** Intermittent skilled nursing services (if required) (multiple selection from value set: Administration of medications, Tube feedings, Wound care, Catheters, Ostomy care, NG and tracheostomy aspiration/care, Psychiatric evaluation and therapy, Teaching/ training, Observe/assess, Complex care plan management, Rehabilitation nursing, Other (text))

**HHAORD1a:** Justification and signature (required if the patient’s sole skilled service need is for skilled oversight of unskilled services (management and evaluation of the care plan or complex care plan management): (text)

**HHAORD1b:** Signature (required if Justification is completed) (text)

**HHAORD2: Therapy Services (Qualified therapist skills required)**

Physical therapy services:

**HHAORD2a:** Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, Gait and balance training, ADL training, other (text))

Occupational therapy services:

**HHAORD2b:** Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, ADL training, other (text))

Speech-language pathology services:

**HHAORD2c:** (multiple selection from the following value set: Swallowing, Restore language function, Restore cognitive function, Perform maintenance therapy, other (text))

Other Services:

**HHAORD2d:** (multiple selection from the following value set: Home Health Aide Services, Medical Social Services)
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ORD: Orders
- **ORD1**: Medications: (text)
- **ORD2**: Supplies: (text)
- **ORD3**: Investigations (Diagnostic Testing): (text)
- **ORD4**: Consults: (text)
- **ORD5**: Other: (text)

**Provider Signature CDEs**

HHAPA: Physician / NPP Attestations (initials, not check box)
- **HHAPA8**: Certification that physician has no financial relationship to the HHA
  (Single selection from value set: Yes, No)
- **HHAPA9**: Certification that NPP has no financial relationship to the HHA
  (Single selection from value set: Yes, No)

PND: NPP Demographics

*If NPP performed the F2F evaluation*
- **NPPSIG1**: Physician Signature (image, electronic, or digital)
- **NPPSIG2**: NPP first name, last name, middle initial and suffix (text).
- **NPPSIG3**: Date of Signature (MM/DD/YYYY)
- **NPPSIG4**: NPP NPI (numeric with check digit)
- **NPPSIG5**: NPP Telephone Number (xxx-xxx-xxxxx ext xxxx)

SIGPNP: Physician Signature Elements

- **PHYSSIG1**: Physician Signature (image, electronic, or digital)
- **PHYSSIG 2**: Physician first name, last name, middle initial and suffix (text).
- **PHYSSIG 3**: Date of Signature (MM/DD/YYYY)
- **PHYSSIG 4**: Physician NPI (numeric with check digit)
- **PHYSSIG 5**: Physician Telephone Number (xxx-xxx-xxxxx ext xxxx)