Home Health Services F2F Encounter
Suggested Clinical Data Elements

Version R2.0 (7/9/2018)

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)

**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)
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, Active, Changed, Discontinued)

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

**MED2**: Other Medications (text)

### ALL: Allergies (include RxNorm if known) (include all allergies, not just to medications)

**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, hemoptysis, 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
   ROS13a: 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, 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: Additional Observations: (text)
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**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**: Additional Observations: (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)

**OR**

**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)

**HHACTH3**: Is there a normal inability to leave home? (single selection from value set: Yes, No)

**AND**

**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**

**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)