

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)*

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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, 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)*

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)