

Use of the Suggested Clinical Data Elements is Voluntary / Optional

Home Oxygen Therapy F2F Encounter
Suggested Clinical Data Elements (CDEs)

Version R4.0 (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, O (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 F2F encounter (date: MM/DD/YYYY)

F2F Encounter Question CDEs

HOTENC: Home O2 Therapy Encounter

HOTENC1: Is this a F2F encounter for O2 therapy? (Single selection from value set: Yes, No)

HOTENC1a: *If no, describe purpose. (text)*

HOTENC2: Is this encounter an inpatient hospital stay? (Single selection from value set: Yes, No)

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

HOTENC3: Is patient currently mobile in their home? (Single selection from value set: Yes, No)

***HOTENC3a:** If no, is portable O2 required? (Single selection from value set: Yes, No)*

***HOTENC3b:** If yes, describe why. (text)*

HOTENC4: Was blood gas study ordered and evaluated? (Single selection from value set: Yes, No)

DOT: Date of Testing

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

HOTENC5: Is patient in a chronic stable state? (Single selection from value set: Yes, No)

HOTENC5a: Describe: (text)

HOTENC6: Is there an expectation that home oxygen therapy will improve O2 Saturation? (Single selection from value set: Yes, No)

HOTENC6a: Describe: (text)

HOTENC7: Does patient live or travel to an area at high elevation? (Single selection from value set: Yes, No)

***HOTENC7a:** If yes, describe if relevant: (text)*

HOTENC8: Does patient have a reduced O2 carrying capacity? (Single selection from value set: Yes, No)

***HOTENC8a:** If yes, describe: (text)*

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

Diagnoses CDEs

HOTDIAG: Home O2 Therapy Diagnoses

HOTDIAG2: *End State / Severe Lung disease (Multiple selection from the value set: COPD, Diffuse interstitial lung disease, Cystic fibrosis, Bronchiectasis, Widespread pulmonary neoplasm, Other pulmonary/lung diseases)*

HOTDIAG2a: *Other (text)*

HOTDIAG3: *Hypoxemia (expected to improve with oxygen therapy) and supporting evidence (multiple selection from the value set, and sub components below)*

*Pulmonary hypertension / Cor Pulmonale (Pulmonary arterial Pressure (PaP):
Result: Value in mmHg)*

Recurring heart failure secondary to chronic Cor Pulmonale (Edema, Pulmonary Rales, Fluid on CXR, "p" Pulmonale on ECG, Gated blood pool scan, Echocardiogram)

Erythrocythemia (Erythrocytosis, Hematocrit/hemoglobin result (Hct/Hgb):

Cognitive impairment (Mental status exam)

*Nocturnal restlessness, morning headache, and/or daytime somnolence
(Nocturnal oximetry, Sleep study)*

Exertional hypoxia / desaturation (O2 test, "6" minute walk (optional))

Clinical trials (Long-term O2 therapy, Cluster headache)

Note: some of these selections may require the creation/identification of additional data elements

HOTDIAG3a: *Other (text)*

Subjective CDEs

SUB: Subjective

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

SUB2: Related past medical / surgical history (text)

SUB3: Allergies / Immunizations (text)

SUB4: Current Medications (text)

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

Review of Systems CDEs

ROS: Review of Systems (multiple selection from all of the following elements ROS1-ROS20 and value set following each)

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

ROS1a: Other: (text)

ROS9: Neck: lumps, pain on movement

ROS9a: 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)

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

ROS14a: Other: (text)

ROS16: Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fracture, 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, fall, vertigo, headache, 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)

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

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: numeric and units or two part with numeric and units for each)

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

HOTOBJ: Home O2 Therapy Objective

HOTOBJ1: O2 Sat % (RA at Rest) (Numeric)

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)

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

Home Oxygen Therapy Past Treatment CDEs

HOTPAST: Home O2 Therapy Past Treatment

HOTPAST1: Have treatments for respiratory-related symptoms been tried in the past?? (Single selection from value set: Yes, No)

If Yes,

HOTPAST1a: Treatment that have been tried: (multiple selection from value set: Bronchodilators: [Short-Acting, Long-Acting], Steroids: [IV, PO, Inhaled], Ventilation: [Non-Invasive, Invasive], Anti-Inflammatory: [Cromolyn Sodium, Interleukin(IL)-10, Interferon-gamma, Specific PDE4-inhibitors (ciolomilast and roflumilast)], Other: [Antibiotics, Surfactin, PAP/CPAP, Pulmonary Rehabilitation])

HOTPAST1a1: Other (text)

HOTPAST1b: Effectiveness for the above treatments: (multiple selection from value set: No improvement, Limited improvement, Some improvement, Able to avoid O2 except with exercise, Requires nocturnal O2 only)

HOTPAST1b1: Other (text)

If No:

HOTPAST2a: Were any of the above treatments considered? (single selection from value set: Yes, No)

If Yes,

HOTPAST2a1: Contraindications? (text)

If No,

HOTPAST2a2: Why? (text)

Home Oxygen Therapy Assessment and Plan CDEs

ASM: Assessment

ASM1: Assessment/Status (text)

PLAN: Treatment Plan

PLAN1: Treatment Plan (text)

(Note: include Home Oxygen Therapy specific instructions)

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

Provider Signature CDEs

SIGPNP: Physician/NPP Signature Elements

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

SIGPNP2: Physician/NPP Printed Name (text)

SIGPNP4: Physician/NPP NPI (NPI format)

SIGPNP5: Date of Signature (MM/DD/YYYY)