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)
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**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)
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**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)**
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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)
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**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)
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**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)
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**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)