Suggested Clinical Data Elements
for Home Oxygen Therapy Laboratory Test Results
Draft Version 2.0 10/20/2016

Note: Items in blue italics are recommended, but not required

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)
PBD4: Patient's Medicare ID (Medicare ID format and check digit)

PND: Provider/NPP Demographics

***PND1**: Provider or Allowed NPP first name, last name, middle initial and suffix (text).*
***PND2**: Provider NPI (Numeric with check digit)*

ENC: Encounter

***ENC1**: Date of encounter (date: MM/DD/YYYY)*

DOT: Date of Testing

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

PPT: Person Preforming Testing

***PPT1**: Laboratory (text)*
***PPT2**: Laboratory NPI (Numeric with check digit)*
***PPT3**: Name of Tester (text)*
***PPT4**: Tester Credentials (text)*

HOTTST: Home O2 Therapy Testing Information

HOTTST1: Patient receiving O2 during testing (Single selection from the value set: Yes, No)

If Yes

HOTOFR1: O2 flow rate in LPM (Numeric)
HOTOFR2: O2 % (Numeric)
HOTTST1a: Means of delivery (Single selection from value set: Nasal cannula, Non-rebreather, Ventilator, Mask, Other)
HOTTST1b: Other (text)

HOTTST2: Arterial Blood Gas

***HOTTST2a**: PH (Numeric)*

HOTTST2b: PO2 (Numeric)

***HOTTST2c**: PaCO2 (Numeric)*

***HOTTST2d**: HCO3 (Numeric)*

HOTTST2e: O2 Sat % (Numeric)

***HOTTST6:** Hematocrit (Numeric, %)*

HOTTST3: Pulse Oximetry on room air at rest O2 % Saturation (Numeric)

HOTTST4: Exercise O2 test

HOTTST4a: O2 Sat % at rest without supplemental O2 (Numeric)

HOTTST4b: O2 Sat % during exercise without supplemental O2 (Numeric)

HOTTST4c: O2 Sat % during exercise with supplemental O2 (Numeric)

HOTOFR1: O2 flow rate in LPM (Numeric)

HOTOFR2: O2 % (Numeric)

HOTTST5: Testing during sleep – overnight oximetry results (while on room air)

HOTTST5a: O2 Sat % lowest value with total aggregate during of at least 5 minutes (Numeric)

SIG: Physician/NPP Signature Elements

***SIG1**: Physician/NPP Signature (image, electronic, or digital)*

***SIG2**: Physician/NPP Printed Name (text)*

***SIG4**: Physician/NPP NPI (NPI format)*

***SIG5**: Date of Signature (MM/DD/YYYY)*