

Home Oxygen Therapy Order
Suggested Clinical Data Elements (CDEs)

Version V4.2 (6/19/2018)

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

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)

Diagnoses CDEs

HOTDIAG: Home O2 Therapy Diagnoses

HOTDIAG1: Patient diagnoses for order (Multiple selection from value set: COPD, Bronchiectasis, Hypoxemia, Diffuse interstitial lung disease, Cystic fibrosis, Pulmonary neoplasm, Erythrocytosis, Pulmonary hypertension, Recurring CHF d/t Cor Pulmonale, Other)

If Other, **HOTDIAG1a:** 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 Need CDEs

HOTORD: Home Oxygen Therapy Order

HOTORD1: Start date, if different than order date (date: MM/DD/YYYY)

HOTORD5: Order date, if different than signature date (date: MM/DD/YYYY)

HOTORD2: Length of need (months) (Numeric) (Note: 99 is lifetime)

HOTORD3: Peak Flow Rate

HOTORD3a: O2 flow rate in LPM (Numeric)

HOTORD3b: O2 % (Numeric)

Note: Average flow rate is required for CMN

HOTORD4: Average Flow Rate

HOTORD4a: O2 flow rate in LPM (Numeric)

HOTORD4b: O2 % (Numeric)

HOTORD5: Frequency of use (Multiple selection from value set: At rest / awake, During exertion, During sleep)

HOTORD6: Target O2 Sat: (numeric, %) or range (numeric, %) to (numeric, %)

HOTORD7: Frequency of O2 Sat monitoring: Q (numeric, hours)

HOTORD7a: When (Multiple selection from value set: At rest / awake, During exertion, During sleep)

HOTORD8: Portable system: maximum length of need for a single trip (e.g. without recharge): time (number, hrs / number, min)

Home Oxygen Therapy Order CDEs

HOTEQP: Home Oxygen Therapy Equipment

HOTEQP1: Portable systems (Multiple selection from the value set: Liquid, Compressed gas, Concentrator)

HOTEQP1a: Selection by HCPCS codes (Multiple selection from the HCPCS value set)

HOTEQP2: Stationary systems (Multiple selection from the value set: Liquid, Compressed gas, Concentrator)

HOTEQP2a: Selection by HCPCS codes (Multiple selection from the HCPCS value set)

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

HOTEQP3: Means of delivery (Single selection from value set: Nasal cannula, Non-rebreather, Ventilator, Mask, Pap Bleed in, Oxygen Conserving Device, High Flow Oxygen Therapy, Other)

HOTEQP3a: Other (text)

HOTEQP4: Other options or functions (text)

HOTEQ5: Means of oxygen delivery and accessories. Repeat as necessary.

HOTEQ5a: HCPCS (HCPCS code)

HOTEQ5b: Description (text)

Home Oxygen Therapy Type of Order CDEs

HOTORD: Home Oxygen Therapy Order

***HOTORD5:** Type of order (Single selection from value set: Initial or certification order, change in status, revision or change in equipment, replacement)*

Multiple selection allowed from the selection value below or text entry if other selected:

If change in status: patient relocated, different supplier, other

If revision or change in equipment: new physician order, beneficiary requested upgrade with signed ABN, other

If replacement: lost or stolen, end of lifetime, repair exceeds 60% of cost

Provider Signature CDEs

SIGPNP: Physician/NPP Signature Elements

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

SIGPNP2: Physician/NPP Printed Name (text)

SIGPNP6: Date of Order (MM/DD/YYYY)

***SIGPNP4:** Physician/NPP NPI (NPI format) (required for written order prior to delivery)*