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)
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**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)
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\textbf{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)

\textbf{HOTEQP3a}: Other (text)

\textbf{HOTEQP4}: Other options or functions (text)

\textbf{HOTEQ5}: Means of oxygen delivery and accessories. Repeat as necessary.

\textbf{HOTEQ5a}: HCPCS (HCPCS code)

\textbf{HOTEQ5b}: Description (text)

\textbf{Home Oxygen Therapy Type of Order CDEs}

\textbf{HOTORD}: Home Oxygen Therapy Order

\textbf{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:

\begin{itemize}
  \item If change in status: patient relocated, different supplier, other
  \item If revision or change in equipment: new physician order, beneficiary requested upgrade with signed ABN, other
  \item If replacement: lost or stolen, end of lifetime, repair exceeds 60\% of cost
\end{itemize}

\textbf{Provider Signature CDEs}

\textbf{SIGPNP}: Physician/NPP Signature Elements

\textbf{SIGPNP1}: Physician/NPP Signature (image, electronic, or digital)

\textbf{SIGPNP2}: Physician/NPP Printed Name (text)

\textbf{SIGPNP6}: Date of Order (MM/DD/YYYY)

\textbf{SIGPNP4}: Physician/NPP NPI (NPI format) (required for written order prior to delivery)