

Suggested Clinical Data Elements
for Home Oxygen Therapy Order

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).*

HOTDIAG: Home O2 Therapy Diagnoses

***HOTDIAG1:** Patient diagnoses for order (Multiple selection from value set:
COPD, Bronchiectasis, Hypoxemia 1, Diffuse interstitial lung
disease, Cystic fibrosis, Pulmonary neoplasm2, Erythrocytosis,
Pulmonary hypertension, Recurring CHF d/t Cor Pulmonale, Other)*

*If Other, **HOTDIAG1a:** Other (text)*

HOTORD: Home O2 Therapy Order

HOTORD1: Start date of supplemental O2 (date: MM/DD/YYYY)

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

HOTORD3: Flow Rate

HOTORD3a: O2 flow rate in LPM (Numeric)

HOTORD3b: O2 % (Numeric)

HOTORD4: Frequency of use (Multiple selection from value set: continuous, with exertion, during sleep)

HOTEQP: Home O2 Therapy Equipment

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

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

HOTEQP3: Means of delivery (Single selection from value set: Nasal cannula, Non-rebreather, Ventilator, Mask, Other)

HOTEQP3a: Other (text)

HOTEQP4: Other options or functions (text)

HOTORD: Home O2 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 on 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

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)