

Suggested Clinical Data Elements
for Home Oxygen Therapy F2F Progress Note
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

ENC4: Date of F2F encounter (date: MM/DD/YYYY)

DOT: Date of Testing

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

HOTENC: Home O2 Therapy Encounter

HOTENC1: Is this a F2F encounter for O2 therapy? (Single selection from value set: Yes, No)

HOTENC2: Is this encounter an inpatient hospital stay? (Single selection from value set: Yes, No)

HOTENC3: Is patient currently mobile in their home? (Single selection from value set: Yes, No)

HOTENC4: Was blood gas study ordered and evaluated? (Single selection from value set: Yes, No)

HOTENC5: Is patient in a chronic stable state? (Single selection from value set: Yes, No)

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

SUB: Subjective

SUB1: Chief complaint / history of present illness and associate signs / symptoms (text)

SUB2: Related past medical / surgical history (text)

SUB3: Allergies/Immunization (text)

SUB4: Current Medications (text)

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

ROS9: Neck: lumps, pain on movement

ROS11: Pulmonary: cough, shortness of breath, pain, wheezing, hemoptysis, sputum production

ROS12: Cardiac: chest pain, palpitations, orthopnea, murmur, syncope

ROS13: *Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers*

ROS14: *Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis*

ROS16: *Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fracture, deformity, weakness*

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*

ROS18: *Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes*

ROS19: *Hematology: anemia, bruising, bleeding disorders (conditional)*

ROS20: *Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter*

ROS21: *Other:(text)*

HOTPAST: Home O2 Therapy Past Treatment

HOTPAST1: Past treatment? (Single selection from value set: Yes, No)

If Yes,

HOTPAST1a: Treatments (text)

HOTPAST1b: Effectiveness (text)

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)*

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)

HOTOBJ: Home O2 Therapy Objective

HOTOBJ1: O2 Sat % (RA at Rest) (Numeric)

ASS: Assessment

ASS1: Assessment/Status (text)

PLAN: Treatment Plan

PLAN1: Treatment Plan (text)

(Note: include Home Oxygen Therapy specific instructions)

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)