

**Suggested Electronic Clinical Template Elements
For the Home Oxygen Face-to-Face Encounter Template
DRAFT v1.0 (07/28/2016)**

A. Patient and Medical Provider Information

- A1. Patient's first and last name.
- A2. Patient's date of birth.
- A3. Name of the Medicare Physician or the Medicare allowed Non-Physician Practitioner (NPP)
- A4. The Medicare Physician or NPP's NPI#.
- A5. Date of the Face-to-Face encounter.

B. Chief Complaint

- B1. Provide space for the medical provider to document in the patient's own words what their "Chief" complaint is at the time of the encounter.
- B2. Document the patient's Vital Signs.

C. Required Home Oxygen Therapy Face-to-Face Encounter elements:

- C1. Is this encounter related to the primary reason the patient requires oxygen therapy?
 - C1a. Document "Yes" or "No"
- C2. Is this encounter an inpatient hospital stay?
 - C2a. If yes, provide the patient's anticipated discharge date from the hospital.
 - C2b. Document "No" if this encounter is not during an inpatient hospital stay.
- C3. Is the patient experiencing a period of acute illness?
 - C3a. Document "Yes" or "No" to this question.
- C4. Is the patient experiencing an exacerbation of an underlying disease?
 - C4a. Document "Yes" or "No" to this question

D. Respiratory Related Diagnose(s) *Choose all that apply.*

- D1. COPD
- D2. Diffuse Interstitial Lung Disease
- D3. Cystic Fibrosis
- D4. Bronchiectasis
- D5. Widespread Pulmonary Neoplasm
- D6. Pulmonary Hypertension
- D7. Recurring Congestive Heart Failure (CHF) due to Cor Pulmonale
- D8. Erythrocytosis
- D9. Other Respiratory Diagnoses.

E. Other Conditions

- E1. Dependent edema suggestive of CHF.
- E2. Pulmonary Hypertension or Cor Pulmonale
 - E2a. Determined by Pulmonary Arterial Pressure (PAP)
 - E2b. Gated Blood Pool Scan
 - E2b. Echocardiogram
 - E2c. "P" Pulmonale on EKG
 - E2d. Erythrocythemia. Document patient's Hematocrit Lab Result __%

F. Have treatments for respiratory related symptoms been attempted in the past?

- F1. If "Yes", document the treatments the patient received, and their effectiveness.

G. Physical Examination

- G1. Provide space for the provider to document that patient's General Appearance.
- G2. Provide check box if the provider chooses not to complete a history and physical during the encounter. In the electronic template the "History of Present Illness" and "Review of Systems" will not appear if checked.
- G3. History of Present Illness:
 - G3a. Document associated signs and symptoms
 - G3b. Document Medical History

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- G3c. Document Surgical Procedure(s) History.
- G3d. Document the patient's Allergies
- G3e. Document the patient's current medications.

G4. Review of Systems:

- G4a. Eyes: Document any visual changes, and/or other
- G4b. ENT: Document if patient has a sore throat, rhinitis, and/or other.
- G4c. CV: Document if the patient is having chest pain, and/or other.
- G4d. Resp: Document if the patient is short of breath, has a cough, hemoptysis and/or other.
- G4e. GI: Document if the patient is having nausea, vomiting, diarrhea, and abdominal pain and/or other.
- G4f. GU: Document if the patient is having dysuria, frequency, urgency, and/or other.
- G4g. Musculoskeletal: Document if the patient is having back pain, joint pain, and/or other.
- G4h. Integument: Document if the patient has a rash, is itching, and/or other.
- G4i. Neurologic: Document if the patient is having numbness, dizziness, and/or other.
- G4j. Psych: Document if the patient is having anxiety, depression, and/or other.
- G4k. Endocrine: Document if the patient has hypoglycemia, is dehydrated, and/or other.
- G4l. Hemo/Lymph: Document if the patient has anemia, bleeding, and/or other.
- G4m. Allergy/Immune: Document if the patient has an Allergy, Immune deficiency, and/or other.
- G4n. Provide area for the provider to document anything else related to the patient's history and condition.

H. Physician/NPP Note:

- H1. Provide an area for the Medical Provider/NPP to document information they feel is pertinent to the patient in general, and to their need for Home Oxygen Therapy.

I. Assessment:

- I1. Provide an area for the Medical Provider/NPP to document the patient's current diagnose(s) based upon their evaluation of the patient.

J. Treatment Plan:

- J1. Provide an area for the Medical Provider/NPP to document their recommendations for treatment of the patient.
(If Home Oxygen will be included in the treatment plan, then the Lab Test Results Template must be completed.)

K. Physician/NPP Signature Elements

- G1. Physician/NPP Signature
- G2. Physician/NPP Printed Name
- G3. Date of Signature