Use of the Suggested Clinical Data Elements is Voluntary / Optional

Immunosuppressive Drug Progress Note
Suggested Clinical Data Elements (CDEs)
Version R1.0a (4/30/2018)

Note: If these CDEs are used:
1) CDEs in black Calibri are required
2) CDEs in *burnt orange Italic 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)

**Encounter CDEs**

**PND**: Physician/NPP Demographics

If different than the signing provider

**PND1**: Provider first name, last name, middle initial, and suffix (text).
**PND2**: Provider NPI (Numeric with check digit)

**ENC**: Encounter

**ENC4**: Date of evaluation (date: MM/DD/YYYY)

**Encounter Question CDEs**

**NEBENC**: Immunosuppressive Drug Encounter

**ISDENC1**: Is this a Progress Note for Immunosuppressive Drug therapy? (Single selection from value set: Yes, No)

**ISDENC1a**: If no, describe purpose. (text)

**Diagnoses CDEs**

**DIAG**: Current patient diagnoses (repeat as necessary)

**DIAG1**: Diagnoses

**DIAG1a**: ICD10 (code) (from valid list of ICD10 codes)
**DIAG1b**: Description (text)
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### Qualification CDEs

**ISDQUAL**: Immunosuppressive qualifying transplants

- **ISDQUAL1**: Patient diagnoses for order (Multiple selection from value set: Kidney, Heart, Liver, Lung, Bone marrow / stem cell, Intestinal, Pancreas (whole organ), Pancreas (islet cell, partial) NIH Clinical Trial, Other)
  
  If Other, **ISDQUAL1a**: Other (text)

- **ISDQUAL2**: Date of transplant (MM/DD/YYYY) (date)

- **ISDQUAL3**: Institution where transplant was performed (text)

- **ISDQUAL4**: Transplant met Medicare coverage criteria in effect at the time: Yes, No, Unknown

  If answer to IDSQUAL1 is Pancreas (whole organ)

- **ISDQUAL5**: Does patient meet the requirements defined in the guidance (single selection from value set: Yes, No, Unknown)

### Subjective CDEs

**SUB**: Subjective

- **SUB1**: Chief complaint / history of present illness and associated signs / symptoms (text)

- **SUB2**: Related past medical / surgical history (text)

### MED: Medications (Status value set: New, Current, Modified, Discontinued)

- **MED1**: Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

- **MED2**: Other Medications (text)

### ALL: Allergies (include RxNorm if Known)

- **ALL1**: Allergies (RxNorm, Description …)

### Review of Systems CDEs

**ROS**: Review of Systems (Multiple selection from all of the following elements, ROS1-ROS21 and value set following each)

- **ROS1**: General: weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats/diaphoresis
  
  **ROS1a**: other: (text)

- **ROS2**: Skin: pressure ulcers, rashes, changes in nails/hair, eczema, pruritus
  
  **ROS2a**: other: (text)

- **ROS3**: Lymphatic: swollen glands/masses (in the neck, axilla, groin)
  
  **ROS3a**: other: (text)

- **ROS4**: Head: fainting, dizziness, headaches
  
  **ROS4a**: other: (text)
<table>
<thead>
<tr>
<th>CDE Number</th>
<th>Body System</th>
<th>Symptom List</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROS5</td>
<td>Eyes</td>
<td>diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts</td>
</tr>
<tr>
<td>ROS5a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS6</td>
<td>Ears</td>
<td>tinnitus, discharge, hearing loss</td>
</tr>
<tr>
<td>ROS6a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS7</td>
<td>Nose</td>
<td>epistaxis, sinus infections, discharge, polyps</td>
</tr>
<tr>
<td>ROS7a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS8</td>
<td>Oral</td>
<td>dysphagia, hoarseness, teeth/dentures</td>
</tr>
<tr>
<td>ROS8a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS9</td>
<td>Neck</td>
<td>lumps, pain on movement</td>
</tr>
<tr>
<td>ROS9a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS10</td>
<td>Breast</td>
<td>masses/tumors, tenderness, discharge, gynecomastia</td>
</tr>
<tr>
<td>ROS10a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS11</td>
<td>Pulmonary</td>
<td>cough, shortness of breath, pain, wheezing, hemoptysis, sputum production</td>
</tr>
<tr>
<td>ROS11a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS12</td>
<td>Cardiac</td>
<td>chest pain, palpitations, orthopnea, murmur, syncope</td>
</tr>
<tr>
<td>ROS12a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS13</td>
<td>Vascular</td>
<td>edema, claudication, varicose veins, thrombophlebitis, ulcers</td>
</tr>
<tr>
<td>ROS13a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS14</td>
<td>Gastrointestinal</td>
<td>swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis</td>
</tr>
<tr>
<td>ROS14a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS15</td>
<td>Renal</td>
<td>dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria</td>
</tr>
<tr>
<td>ROS15a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS16</td>
<td>Musculoskeletal</td>
<td>pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fractures, deformity, weakness</td>
</tr>
<tr>
<td>ROS16a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS17</td>
<td>Neurologic</td>
<td>seizures, poor memory, poor concentration, numbness/tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, falls, vertigo, headaches, stroke, speech disorders</td>
</tr>
<tr>
<td>ROS17a</td>
<td></td>
<td>(text)</td>
</tr>
<tr>
<td>ROS18</td>
<td>Psychiatric</td>
<td>hallucinations, delusions, anxiety, nervous breakdown, mood changes</td>
</tr>
<tr>
<td>ROS18a</td>
<td></td>
<td>(text)</td>
</tr>
</tbody>
</table>
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**ROS19**: Hematology: anemia, bruising, bleeding disorders (conditional)
- **ROS19a**: other: (text)

**ROS20**: Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter
- **ROS20a**: other: (text)

**ROS21**: Other: (text)

**Objective / Physical Exam CDEs**

**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)

**OBJ**: Objective / Physical Exam:

- **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)

**Immunosuppressive Drug Assessment and Plan CDEs**

**ASM**: Assessment

- **ASM1**: Assessment/Status (text)
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**ISDPLAN: Treatment Plan**

**ISDORD: Immunosuppressive Drug Order (from fixed list and other)**

- **ISDORD3:** Selection (binary)
  - **ISDORD3a:** HCPCS (coded values or text entry) (see appropriate values)
  - **ISDORD3b:** Drug(Description) (text) (see appropriate values)
  - **ISDORD3c:** Route (single selection from value set: Oral, Parenteral, Injection)
  - **ISDORD3d:** Concentration (numeric in mg/ml)
  - **ISDORD3e:** Frequency (text or numeric in times per day)
  - **ISDORD3f:** Quantity (numeric)
  - **ISDORD3g:** Refills (numeric) (not used for dispense)

- **ISDORD4:** Supplies (text)

**PLAN: Treatment Plan**

- **PLAN1:** Treatment Plan (text)

**ORD: Orders**

- **ORD1:** Medications (other than the immunosuppressive drugs): (text)
- **ORD2:** Supplies: (text)
- **ORD3:** Investigations (Diagnostic testing): (text)
- **ORD4:** Consults: (text)
- **ORD5:** Other: (text)

**Provider Signature CDEs**

**SIGPNP: Physician/NPP Signature Elements**

- **SIGPNP1:** Physician/NPP Signature (image, electronic, or digital)
- **SIGPNP2:** Physician/NPP Printed Name (text)
- **SIGPNP5:** Date of Signature (MM/DD/YYYY)
- **SIGPNP4:** Physician/NPP NPI (NPI format)