

Use of the Suggested Clinical Data Elements is Voluntary / Optional

Non-Emergency Ambulance Transportation (NEAT)
Order / Physician Certification Statement (PCS)
Suggested Clinical Data Elements (CDEs)

Version R1.0e (7/20/2018)

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)

Provider Information CDEs

PND: Certifying Physician/Practitioner Information (Provider/NPP Demographics)

If different from Signing provider

PND1: *Provider or Allowed NPP first name, last name, middle initial, and suffix (text).*

PND2: *Provider NPI (Numeric with check digit)*

PND5: Place of Employment (text)

PND6: Supplier Address (text – up to two lines)

PND7: Supplier City (text – validate against valid cities for the state)

PND8: Supplier State (Single selection from value set: States – two letter abbreviation)

PND9: Supplier ZIP (5+optional 4 – validate against Post Office list)

PND3: Provider Telephone Number (xxx-xxx-xxxxx ext xxxx)

PND4: Provider Direct address (Direct address) (optional)

Order Information CDEs

NEATORD: NEAT Order/PCS Information

NEATORD8: *Order date, if different from signature date (date: MM/DD/YYYY)*

NEATORD1: Start Date (date: MM/DD/YYYY)

NEATORD2: End Date (date: MM/DD/YYYY)

NEATORD3: Round Trip (Single selection from value set: Yes, No)

NEATORD4: Is transport from Home (Single selection from value set: Yes, No) (check: is Yes)

NEATORD5: Origin (text)

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NEATORD6: Destination (text)

NEATORD7: Services (Purpose of transport): (Multiple selection from value set: dialysis, wound care, radiation therapy, chemotherapy, O&P services, imaging, Other)

NEATORD7a: Other, describe: (text)

NEAT Reason for Transport Information CDEs

NEATREAS: NEAT Reasons for Transport

- 1) **NEATREAS1:** Reason(s) that non-emergency ambulance transport is required (Multiple selection from value set:
 - Mobility: Bed confined
 - Mobility: Unable to maintain erect sitting position in a chair
 - Mobility: Risk of falling off wheelchair or stretcher
 - Musculoskeletal: Non-healed fractures requiring ambulance
 - Musculoskeletal: Contractures that impair mobility and result in be confinement
 - Musculoskeletal: Incapacitating Osteoarthritis
 - Musculoskeletal: Severe muscular weakness precludes significant activity
 - Musculoskeletal: Orthopedic device required in transit
 - Musculoskeletal: Amputation(s)
 - Cardiovascular: CVA with sequelea (late effect of CVA) that impair mobility and result in bed confinement
 - Cardiovascular: DVT requires elevation of lower extremity
 - Neurological: Spinal Cord Injury – Paralysis
 - Neurological: Progressive demyelinating disease
 - Neurological: Moderate to severe pain on movement
 - Wound: Unable to sit to Grade II or greater decubitus ulcers on buttocks
 - Wound: Chronic wounds requiring immobilization
 - Attendant: Morbid obesity requires additional personnel/equipment
 - Attendant: Third party attendant to regulate or adjust oxygen en route
 - Attendant: Special handling en route – isolation
 - Attendant: IV medications/fluids required during transport
 - Attendant: Restraints (physical or chemical) anticipated or used during transport
 - Mental: Danger to self or others
 - Mental: Confused, combative, lethargic, comatose
 - Other
 - **NEATREAS1a:** *If other, (text)*

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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)