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-xxxxxx ext xxxx)
- **PND4:** Provider Direct address (Direct address) (optional)

**Order Information CDEs**

**NEATORD:** NEAT Order/PCS Information

- **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 bed confinement
- Musculoskeletal: Incapacitating Osteoarthritis
- Musculoskeletal: Severe muscular weakness precludes significant activity
- Musculoskeletal: Orthopedic device required in transit
- Musculoskeletal: Amputation(s)
- Cardiovascular: CVA with sequelae (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)