

Use of the Suggested Clinical Data Elements is Voluntary / Optional

Non-Emergency Ambulance Transportation (NEAT)  
Prior Authorization (PA) Request  
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

**Prior Authorization Request Type CDEs**

NEATRTY: NEAT Prior Authorization Request Type

**NEATRTY1:** Request Type (Single selection from value set: Initial, Resubmission, Expedite)  
If Expedite, **NEATRTY1a:** Reason (text)

**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)

**Certifying Provider Information CDEs**

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

**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)  
**PND10:** Provider PTAN: (numeric)  
**PND3:** Provider Telephone Number (xxx-xxx-xxxxx ext. xxxxx)  
**PND4:** Provider Direct address (Direct address)

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### **Supplier Information CDEs**

SUPL: Supplier Demographics

- SUPL1:** Supplier Name (text)
- SUPL6:** Supplier NPI (Numeric with check digit)
- SUPL2:** Supplier Address (text – up to two lines)
- SUPL3:** Supplier City (text – validate against valid cities for the state)
- SUPL4:** Supplier State (Single selection from value set: States – two letter abbreviation)
- SUPL5:** Supplier ZIP (5+optional 4 – validate against Post Office list)

NEATSUPL: NEAT Supplier Information

- NEATSUPL2:** Supplier PTAN (Numeric)
- NEATSUPL3:** Supplier FAX number (xxx-xxx-xxxxx ext. xxxxx)
- NEATSUPL1:** State where ambulance is garaged (Single selection from value set: States – two letter abbreviation)

### **Trip 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, empty is No)
- NEATORD5:** Origin (text)
- NEATORD6:** Destination (text)
- NEATORD8:** Number of trips in 60-day period (Numeric)

NEATPROC: NEAT Procedure Billing Code

- NEATPROC1:** Procedure Code (Single selection from the value set: NeatProcCodes)
- NEATPROC2:** Modifier 1 (Single selection from the value set: origin NeatModCodes)
- NEATPROC3:** Modifier 2 (Single selection from the value set: destination NeatModCodes)

### **Requestor CDEs**

NEATREQ: NEAT Requestor Contact Information

- NEATREQ1:** Requestor Telephone Number (xxx-xxx-xxxxx ext. xxxxx)
- NEATREQ2:** Requestor last name, first name and middle initial (text).
- NEATREQ3:** Requestor Fax Number (xxx-xxx-xxxxx ext. xxxxx)
- NEATREQ4:** Requestor Direct address (Direct address)
- NEATREQ5:** Submission Date: (MM/DD/YYYY)