

DRAFT

Use of the Suggested Clinical Data Elements is Voluntary / Optional

Non-Emergency Ambulance Transportation (NEAT)

Progress Note

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: Physician/Practitioner Information (Provider/NPP Demographics)

If different than Signing provider (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)

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

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

Date of Evaluation Provider Information CDEs

ENC: Encounter

ENC1: Date of evaluation (date: MM/DD/YYYY)

NEATENC: Neat Encounter Information

NEATENC1: Is evaluation related to primary reason for XXXXXX (single selection from value set: Yes, No)

DRAFT

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

ENC: Encounter

ENC3: If No, describe purpose (text)

Diagnoses Information CDEs

DIAG: Diagnoses

Note: ICD-10-CM (code), Description (text), Date (date first diagnosed (if available): MM/DD/YYYY), Status (Multiple selection from the value set: acute, chronic, acute-chronic, resolving, resolved)

DIAG1: Principal Diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

DIAG2: Other Pertinent Diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

Subjective Information CDEs

SUB: Subjective

SUB1: Chief complaint / history of present illness and associate signs / symptoms (text)

SUB2: Related past medical / surgical history (text)

PROC: Procedures

PROC1: Procedures [Repeat until complete: code (ICD-10-CM, CPT, HCPCS), Description, Date]

MED: Medications (Status value set: New, Active, Changed, Discontinued)

MED1: Active medications relevant to transport (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status=Active)

MED2: Other Medications ((Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

ALL: All allergies, not just to medications (include RxNorm if Known)

ALL1: Allergies (RxNorm, Description ...)

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

Review of Systems CDEs

ROS: Review of Systems (multiple selection from all of the following elements ROS1-ROS20 and value set following each)

ROS1: General: weight gain, weight loss, sleeping problems, fatigue, fever, chills, light sweats/diaphoresis

ROS1a: Other: (text)

ROS2: Skin: pressure ulcer, rashes, changes in nails/hairs, eczema, pruritus

ROS2a: Other: (text)

ROS3: Lymphatic: swollen glands/masses (in the neck, axilla, groin)

ROS3a: Other: (text)

ROS4: Head: fainting, dizziness, headache

ROS4a: Other: (text)

ROS5: Eyes: diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts

ROS5a: Other: (text)

ROS6: Ears: tinnitus, discharge, hearing loss

ROS6a: Other: (text)

ROS7: Nose: epistaxis, sinus infections, discharge, polyps

ROS7a: Other: (text)

ROS8: Oral: dysphagia, hoarseness, teeth/dentures

ROS8a: Other: (text)

ROS9: Neck: lumps, pain on movement

ROS9a: Other: (text)

ROS10: Breast: mass/tumor, tenderness, discharge, gynecomastia

ROS10a: Other: (text)

ROS11: Pulmonary: cough, shortness of breath, pain, wheezing, hemoptysis, sputum production

ROS11a: Other: (text)

ROS12: Cardiac: chest pain, palpitations, orthopnea, murmur, syncope

ROS12a: Other: (text)

ROS13: Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers

ROS13a: Other: (text)

DRAFT

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

ROS14: Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis

ROS14a: Other: (text)

ROS15: Renal: dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria

ROS15a: Other: (text)

ROS16: Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fracture, deformity, weakness

ROS16a: Other: (text)

ROS17: Neurologic: seizures, poor memory, poor concentration, numbness/ tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, fall, vertigo, headache, stroke, speech disorders

ROS17a: Other: (text)

ROS18: Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes

ROS18a: Other: (text)

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 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)*

DRAFT

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

OBJ1f: Weight: (single part: numeric and units or two part with numeric and units for each)

OBJ1g: O2 Sat (RA at Rest) (Numeric, %)

OBJ2h: O2 Sat (with supplemental O2) (Numeric, %)

OBJ2i: Supplemental O2 (Numeric, LPM)

NEATOBJ: Objective / Physical Exam:

Note: for NEATOBJ2-NEATOBJ11 multiple selection from value set: NEAT, SERV in addition to description (text)

NEATOBJ2: General Appearance: (text)

NEATOBJ3: Head and Neck: (text)

NEATOBJ4: Chest/lungs: (text)

NEATOBJ5: Cardiovascular: (text)

NEATOBJ6: Abdominal: (text)

NEATOBJ7: Musculoskeletal / extremities: (text)

NEATOBJ8: Neurological: (text)

NEATOBJ9: Psychiatric: (text)

NEATOBJ10: Visual Exam: (text)

NEATOBJ11: Other: (text)

Assessment CDE

ASS: Assessment

ASS1: assessment/summary (text)

NEAT Reason for Transport CDEs

NEATREAS: NEAT Reasons for Transport

NEATREAS1: Reason(s) that non-emergency ambulance transport is required, and other means of transport is contraindicated (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

DRAFT

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

- *Musculoskeletal: Orthopedic device required in transit*
- *Musculoskeletal: Amputation(s)*
- *Cardio Vascular: CVA with sequelae (late effect of CVA) that impair mobility and result in bed confinement*
- *Cardio Vascular: 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 due 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)*

Services Requiring Transport CDEs

NEATPLAN: Planned Remote Services:

NEATPLAN1: *Are there services that cannot be provided in the patient's current setting? (Single selection from the value set: Yes, No)*

If Yes,

NEATPLAN2: *Services (Multiple selection from the value set: Dialysis, Wound Care, Radiation Therapy, Chemotherapy, O&P Services, Imaging, Outpatient Therapy, Other) If any item from the value set is selected,*

NEATPLAN3: *Remote Service(s) Description (text)*

Treatment Plan CDE

PLAN: Treatment Plan, required if new or changed from prior progress note

PLAN2: *Treatment Plan (text)*

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

Order CDEs

NEATORD: NEAT Transport Order 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)

NEATORD5: Origin (text)

NEATORD6: Destination (text)

ORD: Orders:

ORD1: Medications: (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)