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)
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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 …)
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)
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<table>
<thead>
<tr>
<th>ROS14: Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis</th>
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<tr>
<td><strong>ROS14a: Other:</strong> (text)</td>
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<tr>
<th>ROS15: Renal: dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria</th>
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<td><strong>ROS15a: Other:</strong> (text)</td>
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<tr>
<th>ROS16: Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fracture, deformity, weakness</th>
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<td><strong>ROS16a: Other:</strong> (text)</td>
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<tr>
<th>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</th>
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<tr>
<td><strong>ROS17a: Other:</strong> (text)</td>
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<th>ROS18: Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes</th>
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<td><strong>ROS18a: Other:</strong> (text)</td>
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<th>ROS19: Hematology: anemia, bruising, bleeding disorders (conditional)</th>
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<td><strong>ROS19a: Other:</strong> (text)</td>
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<th>ROS20: Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter</th>
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<td><strong>ROS20a: Other:</strong> (text)</td>
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| ROS21: Other: (text) |

**Objective CDEs**

**OBJ**: Objective / Physical Exam:

**OBJ1**: Vital Signs:

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<th>OBJ1a: Temperature: (numeric and units)</th>
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<th>OBJ1b: Pulse: (numeric – beats per minute)</th>
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<tr>
<th>OBJ1c: Respiration: (numeric – breaths per minute)</th>
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<tr>
<th>OBJ1d: Blood Pressure:</th>
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<th>Systolic: (numeric – mm of mercury)</th>
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<tr>
<th>Diastolic (numeric – mm of mercury)</th>
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<th>OBJ1e: Height: (single part: numeric and units or two part with numeric and units for each)</th>
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**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
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- 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)
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**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)