Use of the Suggested Clinical Data Elements is Voluntary / Optional

Nebulizer Order
Suggested Clinical Data Elements (CDEs)

Version R1.0a (4/30/2018)

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

- **PBD**: Patient’s first name, last name, and middle initial (text)
- **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)

**F2F Encounter CDEs**

PND: Provider/NPP Demographics

- **PND**: Provider or Allowed NPP first name, last name, middle initial, and suffix (text).
- **PND1**: Provider or Allowed NPP first name, last name, middle initial, and suffix (text).
- **PND2**: Provider NPI (Numeric with check digit)

**ENC: Encounter**

- **ENC1**: Date of F2F encounter (date: MM/DD/YYYY)

**Diagnoses CDEs**

NEBDIAG: Nebulizer Diagnoses

- **NEBDIAG**: Patient diagnoses for order (Multiple selection from value set: Obstructive Pulmonary Disease, Cystic Fibrosis, Bronchiectasis 2°, Pulmonary Artery Hypertension, “HIV, Pneumocystosis or complications of organ transplant”, Persistent thick or tenacious pulmonary secretions, ”Thick, tenacious secretions, who has cystic fibrosis, bronchiectasis, a tracheostomy, or a tracheobronchial stent”, Other)

If Other, **NEBDIAG1a**: Other (text)
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**Nebulizer Need CDEs**

**NEBNEED1:** Start date, if different from order date (date: MM/DD/YYYY)

**Nebulizer Type of Order CDEs**

**NEBORD5:** Type of order (Single selection from value set: Initial or certification order; Reorder for drugs, supplies, and accessories only (compressor should not be selected); Change in status; Patient relocated; Different supplier; Revision of order; Equipment or other item; Frequency of use or amount prescribed; Other)

**NEBORD5a:** Other (text)

**Nebulizer Order CDEs**

**NEBORD1:** Diagnosis (Single selection from the diagnosis value set) (see above)

**NEBORD2:** ICD-10 (Single selection from the ICD-10 value set) (see appropriate values)

**NEBORD6:** Solution (Single selection from the Solution value set for the diagnosis) (see appropriate values)

**NEBORD6a:** HCPCS code for the solutions (pre-assigned or text entry for other)

**NEBORD6b:** Concentration (numeric in mg/ml)

**NEBORD6c:** Frequency (text or numeric in times per day)

**NEBORD6d:** Duration (D/W) (numeric in days or weeks)

**NEBORD3:** Compressor (Single selection from the compressor value set) (see appropriate values)

**NEBORD4:** Accessories (HCPCS Multiple selection from the accessor value set for the specific compressor) (see appropriate values)

**NEBORD5:** Other accessories or options (text)

**Provider Signature CDEs**

**SIGPNP:** Physician/NPP Signature Elements

**SIGPNP1:** Physician/NPP Signature (image, electronic, or digital)

**SIGPNP2:** Physician/NPP Printed Name (text)

**SIGPNP6:** Date of Order (MM/DD/YYYY)

**SIGPNP4:** Physician/NPP NPI (NPI format) (required for written order prior to delivery)