

Parenteral Nutritional Therapy Order Suggested Clinical Data Elements (CDEs)

Version R1.0d (5/20/2018)

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)
- PBD5:** Patient's Address (text – up to two lines)
- PBD6:** Patient's City (text – validate against valid cities for the state)
- PBD7:** Patient's State (Single selection from value set: States – two letter abbreviation)
- PBD8:** Patient's ZIP (5+optional 4 – validate against Post Office list)
- PBD9:** Patient's Telephone Number (xxx-xxx-xxxxx ext. xxxxx)

F2F Encounter CDEs

PND: Provider/NPP Demographics

- PND9:** Ordering provider performed the evaluation (Single selection from value set: Yes (checked), No)
- PND1:** Provider or allowed NPP first name, last name, middle initial, and suffix (text).
- PND2:** Provider NPI (Numeric with check digit)

Diagnoses CDEs

- **DIAG:** Patient diagnoses (repeat as necessary)
- **DIAG1:** Diagnoses
- **DIAG1a:** ICD10 (code) (from valid list of ICD10 codes)
- **DIAG1b:** Description (text)

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Parenteral Nutritional Therapy Order CDEs

PNTORD: Parenteral Nutritional Therapy Order Type

PNTORD1: *Type of order (Single selection from value set: initial, resumption therapy after at least two consecutive months, extension of Length of Need (LON), change in number of days per week administered, change in nutrients)*

PNTORD1a: Other (text)

PNTORD: Parenteral Nutritional Therapy Order Date(s)

PNTORD2: *Order date, if different from signature date (date: MM/DD/YYYY)*

PNTORD3: *Start date, if different from order date (date: MM/DD/YYYY)*

PNTORD: Parenteral Nutritional Therapy Order Place of Service

PNTORD4: Place of service (single selection from value set: Patient's home (12), End Stage Renal Disease facility (ESRD) (65), Skilled Nursing Facility (SNF) (31), Other)

PNTORD4a: Other (text)

PNTORD5: Facility name (if appropriate) (text)

PNTORD5a: Address (text – up to two lines)

PNTORD5b: City (text – validate against valid cities for the state)

PNTORD5c: State (Single selection from value set: States – two letter abbreviation)

PNTORD5d: ZIP (5+optional 4 – validate against Post Office list)

PNTORD5e: Telephone number and extension (xxx-xxx-xxxx ext. xxxxx)

PNTORD: Parenteral Nutritional Therapy Order Questions

PNTORD6: Estimated length of need in months (Numeric) (Note: 99 is lifetime)

PNTORD7: Does documentation in the medical record support the patient having a permanent disease of structures that normally permit food to reach or be absorbed by the small bowel? (Single selection from value set: Yes, No)

PNTORD8: Does documentation in the medical record support the patient having a permanent disease of the gastrointestinal tract causing malabsorption severe enough to prevent maintenance of weight and strength commensurate with the patient's overall health status? (Single selection from value set: Yes, No)

PNTORD10: Days per week administered or infused (Numeric) (range 1-7)

OBJ: Objective / Physical Exam:

OBJ1: Vital Signs:

OBJ1e: Height: (single part: numeric and units or two parts with numeric and units for each)

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

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PNTORD: Parenteral Nutritional Therapy Order Questions

Order (supply kits, nutrition administration kits, IV pole, pump, etc.) Notes: 1) appendices describe covered nutrients and supplies, 2) frequency may also be calories per 24-hour period.

PNTORD11: *Item description (text)*

PNTORD12: *Frequency (text)*

PNTORD13: *Quantity (numeric, units)*

PNTORD14: *Refills (numeric)*

PNTORD15: *Other (text)*

PNTORD16: *If a parenteral nutrition infusion pump is required (need must be documented in the medical record) (Single selection from value set: Stationary, Portable)*

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 Signature (MM/DD/YYYY)

SIGPNP4: Physician/NPP NPI (NPI format) Note: required if WOPD

SIGPNP7: Provider Address (text – up to two lines)

SIGPNP8: Provider City (text – validate against valid cities for the state)

SIGPNP9: Provider State (Single selection from value set: States – two letter abbreviation)

SIGPNP10: Provider ZIP (5+optional 4 – validate against Post Office list)

SIGPNP11: Provider Telephone number and extension (xxx-xxx-xxxxx ext. xxxxx)