Use of the Suggested Clinical Data Elements is Voluntary / Optional

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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3) CDEs in blue Times New Roman are recommended but not required

<table>
<thead>
<tr>
<th>PNTORD: Parenteral Nutritional Therapy Order Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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<tr>
<td><strong>PNTORD11</strong>: Item description (text)</td>
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<td><strong>PNTORD12</strong>: Frequency (text)</td>
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<tr>
<td><strong>PNTORD13</strong>: Quantity (numeric, units)</td>
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<td><strong>PNTORD14</strong>: Refills (numeric)</td>
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<td><strong>PNTORD15</strong>: Other (text)</td>
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<tr>
<td><strong>PNTORD16</strong>: If a parenteral nutrition infusion pump is required (need must be documented in the medical record) (Single selection from value set: Stationary, Portable)</td>
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</tbody>
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**Provider Signature CDEs**

<table>
<thead>
<tr>
<th>SIGPNP: Physician/NPP Signature Elements</th>
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<tbody>
<tr>
<td><strong>SIGPNP1</strong>: Physician/NPP Signature (image, electronic, or digital)</td>
</tr>
<tr>
<td><strong>SIGPNP2</strong>: Physician/NPP Printed Name (text)</td>
</tr>
<tr>
<td><strong>SIGPNP6</strong>: Date of Signature (MM/DD/YYYY)</td>
</tr>
<tr>
<td><strong>SIGPNP4</strong>: Physician/NPP NPI (NPI format) Note: required if WOPD</td>
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<tr>
<td><strong>SIGPNP7</strong>: Provider Address (text – up to two lines)</td>
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<td><strong>SIGPNP8</strong>: Provider City (text – validate against valid cities for the state)</td>
</tr>
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<td><strong>SIGPNP9</strong>: Provider State (Single selection from value set: States – two letter abbreviation)</td>
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<td><strong>SIGPNP11</strong>: Provider Telephone number and extension (xxx-xxx-xxxxx ext. xxxxx)</td>
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