

Use of the Suggested Clinical Data Elements is voluntary / optional

Parenteral Nutritional Therapy Progress Note 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)

Encounter CDEs

PND: Physician/NPP Demographics

If different than the signing provider

PND1: *Provider 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)

Parenteral Nutritional Therapy Coverage CDEs

PNTCOND: Patient condition

PNTCOND1: Does the patient have a permanently (at least 3 months) impaired gastrointestinal tract involving the small intestine and/or its exocrine glands which significantly impairs absorption of nutrients; or a motility disorder of the stomach and/or intestine impairing the ability of nutrients to be transported through the GI system? (single selection from value set: Yes, No)

PNTCOND1a: *If Yes, is there insufficient absorption of nutrients to maintain weight and strength commensurate with the patient's overall health status? (single selection from value set: Yes, No)*

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

PNTCOND1b: *Can this be managed with alteration to composition of an enteral diet? (single selection from value set: Yes, No)*

PNTCOND1c: *Can this be managed using pharmacologic means to treat the etiology of the malabsorption? (single selection from value set: Yes, No)*

PNTCOND1d: *Describe (text)*

(check all that apply) (note: see Appendix A for specific documentation requirements):

PNTCOND2: Is it anticipated the patient's condition (check all that apply) (multiple selection from value set: Is considered permanent, may improve sometime in the future, Is of long and indefinite duration (ordinarily at least 3 months))

PNTCOND3: The patient has [multiple selection from the value set:

has undergone recent (within the past 3 months) massive small bowel resection leaving less than or equal to 5 feet of small bowel beyond the ligament of Treitz;

has short bowel syndrome that is severe enough that the beneficiary has net gastrointestinal fluid and electrolyte malabsorption such that on an oral intake of 2.5-3 liters/day the enteral losses exceed 50% of the oral/enteral intake and the urine output is less than 1 liter/day is due to a motility disorder (e.g., severe dysphagia following a stroke, etc.) and is not due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.;

requires bowel rest for at least 3 months and is receiving intravenously 20-35 cal/kg/day for treatment of symptomatic pancreatitis with/without pancreatic pseudocyst, severe exacerbation of regional enteritis, or a proximal enterocutaneous fistula where tube feeding distal to the fistula isn't possible;

has complete mechanical small bowel obstruction where surgery is not an option;

is significantly malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl) and has very severe fat malabsorption (fecal fat exceeds 50% of oral/enteral intake on a diet of at least 50 gm of fat/day as measured by a standard 72-hour fecal fat test);

is significantly malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl) and has a severe motility disturbance of the small intestine and/or stomach which is unresponsive to prokinetic medication and is demonstrated either:

Scintigraphically (solid meal gastric emptying study demonstrates that the isotope fails to reach the right colon by 6 hours following ingestion), or

Radiographically (barium or radiopaque pellets fail to reach the right colon by 6 hours following administration). These studies must be performed when the patient is not acutely ill and is not on any medication which would decrease bowel motility.

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

is malnourished (10% weight loss over 3 months or less and serum albumin less than or equal to 3.4 gm/dl), and a disease and clinical condition has not responded to altering the manner of delivery of appropriate nutrients (e.g., slow infusion of *nutrients through a tube with the tip located in the stomach or jejunum*)]

PNTCOND3: Describe patient condition noted above or other conditions requiring parenteral nutrition (text)

Subjective CDEs

SUB: Subjective

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

SUB2: Related past medical / surgical history (text)

MED: Medications (Status value set: New, Current, Modified, Discontinued)

MED1: Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

MED2: Other Medications (text)

ALL: Allergies (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-ROS21 and value set following each)

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

ROS1a: other: (text)

ROS2: Skin: pressure ulcers, rashes, changes in nails/hair, eczema, pruritus

ROS2a: other: (text)

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

ROS3a: other: (text)

ROS4: Head: fainting, dizziness, headaches

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)

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

ROS8: Oral: dysphagia, hoarseness, teeth/dentures

ROS8a: other: (text)

ROS9: Neck: lumps, pain on movement

ROS9a: other: (text)

ROS10: Breast: masses/tumors, 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)

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, fractures, 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, falls, vertigo, headaches, 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)

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

Objective / Physical Exam 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)

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

OBJ: Objective / Physical Exam:

OBJ2: General Appearance: (text)

OBJ3: Head and Neck: (text)

OBJ4: Chest/lungs: (text)

OBJ5: Cardiovascular: (text)

OBJ6: Abdominal: (text)

OBJ7: Musculoskeletal / extremities: (text)

OBJ8: Neurological: (text)

OBJ9: Psychiatric: (text)

OBJ10: Visual Exam: (text)

OBJ11: Other: (text)

Parenteral Nutritional Therapy Laboratory Tests and Results CDEs

DOT: Date of Testing

DOT1: Date of testing (date: MM/DD/YYYY)

PNTTST: Parenteral Nutritional Therapy Laboratory Testing Information

PNTTST1: Fecal fat: (numeric, g)

PNTTST1a: Time period (single selection from value set 24H, 72H)

PNTTST2: Serum albumen: (numeric, g/dl)

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

Assessment and Plan CDEs

ASM: Assessment

ASM1: Assessment/Status (text)

PLAN: Treatment Plan

PLAN1: Treatment Plan (text)

PNTORD: Parenteral Nutritional Therapy Order Questions

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

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

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

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)