

DRAFT

Use of the Suggested Clinical Data Elements is voluntary / optional

Positive Airway Pressure (PAP) Device for OSA F2F Encounter  
Suggested Clinical Data Elements (CDEs)

Version R1.0c (4/12/2018)

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 from the signing provider

**PND1:** Provider first name, last name, middle initial, and suffix (text).

**PND2:** Provider NPI (Numeric with check digit)

ENC: Encounter

**ENC4:** Date of encounter (date: MM/DD/YYYY)

PAPENC: PAP Encounter Information

**PAPENC1:** Is this an evaluation of the patient's need for a PAP device for OSA (Single selection from value set: Yes, No)

**PAPENC1a:** If yes, type of evaluation (Single selection from value set: initial, re-evaluation)

**PAPENC2:** If re-evaluation, is there evidence of continue use of the PAP/CPAP device and supplies? (Single selection from value set: Yes, No)

**PAPENC2a:** Describe (text)

**PAPENC1b:** If no, purpose of the encounter. (text)

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## **Diagnoses CDEs**

PAPDIAG: PAP – CPAP Diagnoses

**PAPDIAG3:** Patient diagnoses for sleep disorders (Multiple selection from value set: Obstructive Sleep Apnea,)

DIAG: Other patient diagnoses (repeat as necessary)

DIAG1: Diagnoses

**DIAG1a:** ICD10 (code) (from valid list of ICD10 codes)

**DIAG1b:** Description (text)

## **Evaluation and re-evaluation CDEs**

PAPEVAL: PAP evaluation / re-evaluation Information

**PAPEVAL1:** *Apnea-Hypopnea Index (AHI) (numeric, units of events per hour)*

**PAPEVAL2:** *Respiratory Disturbance Index (RDI) (numeric, units of events per hour)*

**PAPEVAL3:** *Symptoms (Multiple selection from value set: excessive daytime sleepiness, impaired cognition, mood disorder, insomnia, other)*

**PAPEVAL3a:** *Other: (text)*

**PAPEVAL4:** *History (Multiple selection from value set: hypertension, ischemic heart disease, history of stroke, other)*

**PAPEVAL4a:** *Other: (text)*

PAPEVAL: PAP evaluation / re-evaluation Information for bi-level pressure device E0470 (BiPAP without backup rate)

**PAPEVAL12:** *Was E0601 (CPAP) tried and not effective on therapeutic trial conducted in (Single selection from value set: facility, home) (Single selection from value set: Yes, No)*

**PAPEVAL13:** *E0601 patient not tolerating the therapy at current settings and lower pressures settings were tried and failed to (Multiple selection from value set: adequately control the symptoms of OSA, improve sleep quality, reduce the AHI/RDI to acceptable levels)*

**PAPEVAL14:** *Have you reviewed and signed the written report of adherence data (Single selection from value set: Yes, No)*

**PAPEVAL15:** *Did patient use PAP >= 4 hours per night on 70% of nights during consecutive 30-day period during the first three months of initial use (Single selection from value set: Yes, No)*

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### **Subjective CDEs**

**PAPEVAL16:** Is the patient capable of being trained to use the device in an appropriate manner (Single selection from value set: Yes, No)

**PAPEVAL16a:** *If no, is there a responsible care giver (Single selection from value set: Yes, No)*

### **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)

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**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: 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)

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### **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)

PAPOBJ: PAP O2 Measurements

**PAPOBJ1:** O2 Sat (RA at Rest) (Numeric, %)

**PAPOBJ2:** O2 Sat (with supplemental O2) (Numeric,%)

**PAPOBJ2a:** Supplemental O2 (Numeric, LPM)

PAPOBJ: PAP Objective

**PAPOBJ3:** Neck circumference (numeric, cm)

**PAPOBJ4:** Body mass index (BMI) (Numeric)

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)

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### **Assessment and Plan CDEs**

ASM: Assessment

**ASM1:** Assessment/Status (text)

PLAN: Treatment Plan

**PLAN1:** Treatment Plan (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)