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)