Use of the Suggested Clinical Data Elements is Voluntary / Optional

Positive Airway Pressure (PAP) Device for OSA Order
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)

**F2F Encounter CDEs**

PND: Provider/NPP Demographics

- **PND9**: Did the same provider perform the F2F and Order (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)

**ENC: Encounter**

- **ENC1**: Date of F2F encounter (date: MM/DD/YYYY)

**Diagnoses CDEs**

PAPDIAG: PAP for OSA Diagnoses

- **PAPDIAG1**: Patient diagnoses for order (Multiple selection from value set: Obstructive Sleep Apnea (OSA), Other)

  If other, **PAPDIAG1a**: Other (text)
Note: If these CDEs are used:
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2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
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**PAP Device and Supplies Order CDEs**

**PAPORD**: PAP for OSA Order Information

- **PAPORD1**: Start date if different from order date (date: MM/DD/YYYY)
- **PAPORD2a**: Type of Device Order (Single selection from value set: Initial, Revision or Change in Equipment, Replacement)
- **PAPORD2b**: Type of Supply Order (Single selection from value set: Initial, Reorder)
- **PAPORD2c**: Other (text)
- **PAPORD3**: Device Order (text)
- **PAPORD4**: Specific Device (Single selection from value set: E0601, E0470)
  Note: PAP (E0601 and E0740) require Written Order Prior to Delivery and F2F Evaluation
  Note: Items dispensed on a periodic basis -- repeat multiple time
- **PAPORD5**: Supply orders (detail is below)
  - **PAPORD5a**: Item description (text)
  - **PAPORD5b**: Frequency (text)
  - **PAPORD5c**: Duration (numeric with units)
  - **PAPORD5d**: Quantity (numeric)
  - **PAPORD5e**: Refills (numeric)
- **PAPORD6**: Other (text)

**Provider Signature CDEs**

**SIGPNP**: Physician/NPP Signature Elements

- **SIGPNP1**: Physician/NPP Signature (image, electronic, or digital)
- **SIGPNP2**: Physician/NPP Printed Name (text) Note: required if DWO
- **SIGPNP6**: Date of Order (MM/DD/YYYY)
- **SIGPNP4**: Physician/NPP NPI (NPI format) Note: required if WOPD