

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)

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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