

Use of the Suggested Clinical Data Elements is Voluntary / Optional

## Specialty Home Blood Glucose Monitor and Supplies Order Suggested Clinical Data Elements

*Version R1.0a (9/5/2017)*

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)

### Home Blood Glucose Monitoring Start and Frequency CDEs

HGMDATE: Home Blood Glucose Monitoring Start Date

**HGMDATE1:** Start date if different than order date (date: MM/DD/YYYY)

**HGMDATE2:** Order date if different than signature date (date: MM/DD/YYYY)

### Diagnosis CDEs

HGMDIAG: Home Blood Glucose Monitoring Diagnoses

**HGMDIAG1:** Patient diagnosis: Diabetes Mellitus: (Single selection from the value set: Insulin treated, Non-insulin treated, Other)

If other, **HGMDIAG1a:** Other (text)

### Home Blood Glucose Monitor Order CDEs

HGMORD: Home Blood Glucose Monitor Order Information

Device Order

**HGMORD1:** Description (or brand name and model number) of device ordered: (text)

**HGMORD2:** Patient or caregiver ability to use: (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

### **Home Blood Glucose Monitoring Start and Frequency CDEs**

HGMFREQ: Home Blood Glucose Monitoring Time/Frequency Information

Note: Timing and Frequency of use for diabetic test strips (DTS) and lancets:

**HGMFREQ1:** Non-insulin treated: (Single selection from value set: daily, >1 time daily)

**HGMFREQ1a:** Indication: (text)

**HGMFREQ2:** Insulin treated: (Single selection from value set: up to 3x daily, >3x daily)

**HGMFREQ2a:** Indication: (text)

**HGMFREQ3:** Time of testing: (Multiple selection from value set: fasting, Q AM, before a meal (AM, Noon, Evening), before bedtime, Q HS, Other)

If other, **HGMFREQ3a:** Other (text)

### **Home Blood Glucose Monitor Order CDEs**

HGMORD: Home Blood Glucose Monitor Order Information

Supply Order

Note: Quantity of Diabetic Test Strips (DTS) and lancets ordered:

**HGMORD6:** Non-insulin treated: [Single selection from value set: 30-day supply (30), 90-day supply (100)]

**HGMORD6a:** additional quantity: (numeric, multiples of 30)

**HGMORD7:** Insulin treated: [Single selection from value set: 30-day supply (100), 90-day supply (300)]

**HGMORD7a:** additional quantity: (numeric, multiples of 100)

### **Provider Signature CDEs**

SIGPNP: Physician/NPP Signature Elements

**SIGPNP1:** Physician/NPP signature (image, electronic, or digital)

**SIGPNP2:** Physician/NPP Name (printed) (text)

**SIGPNP5:** Signature date (MM/DD/YYYY)

**SIGPNP4:** Physician/NPP NPI (NPI format)