

Ventilator Order  
Suggested Clinical Data Elements (CDEs)

Version R1.0a (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: Provider/NPP Demographics

**PND9:** Ordering provider performed the in-person evaluation (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 encounter (date: MM/DD/YYYY)

**Diagnoses CDEs**

VENTDIAG: Ventilator Diagnoses

**VENTDIAG1:** Patient diagnoses for order (Multiple selection from value set and text entry where indicated by "describe": Neuromuscular disease, describe; Thoracic restrictive disorder, describe; Chronic respiratory failure consequent to COPD, Other, describe)

If other, **VENTDIAG1a:** Other (text)

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### **Ventilator and Accessory Order CDEs**

VENTORD: Ventilator Order Information

**VENTORD1:** Start date if different from order date (date: MM/DD/YYYY)

**VENTORD2a:** Type of Device Order (single selection from value set: Initial, Revision or Change in Equipment, Replacement)

**VENTORD2b:** Type of Supply Order (single selection from value set: Initial, Reorder, Other)

**VENTORD2c:** Other (text)

**VENTORD3:** Device Order (text)

**VENTORD4:** Specific Device (single selection from value set: E0465, E0466)

Note: Items dispensed on a periodic basis -- repeat multiple times

**VENTORD5:** Supply orders (detail is below)

**VENTORD5a:** Item description (text)

**VENTORD5b:** Frequency (text)

**VENTORD5c:** Duration (numeric with units)

**VENTORD5d:** Quantity (numeric)

**VENTORD5e:** Refills (numeric)

**VENTORD6:** Other (text)

### **Provider Signature CDEs**

SIGPNP: Physician/NPP Signature Elements

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

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

**SIGPNP6:** Date of Order (MM/DD/YYYY)

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