

Category	English Story	Data Tab
3	Dr. Will Hert discusses systemic treatment options with the patient, Joan Gibson, for her stage 4 malignant melanoma of the right back. Ongoing problems that are currently being monitored include Alzheimer's Disease and malignant melanoma. Options include interferon-2, clinical trial or no treatment. After discussing potential benefits and side effects, patient elects to receive high-dose interferon-2. If the lung lesion does not respond or it progresses, the patient will be referred to a surgical oncologist for resection. The patient receives the first dose during the visit.	Cat3 Case2

Category 3 Case 2

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
2.16.840.1.113883.10.20.3	Header					
2.16.840.1.113883.10.20.3	Date Case Report Exported	9/12/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	GIBSON				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	JOAN				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	SHANNON				SHALL
2.16.840.1.113883.10.20.3	Patient Maiden Name	HAYES				SHOULD
2.16.840.1.113883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	5517 Main Street				SHALL
	City	Hallandale				SHALL
	State	FL		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	33008		2.16.840.1.113883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Start Date	7/1/1988				SHALL
	End Date	2/28/2007				SHALL
	Patient Street Address	910 Western Street				SHALL
	City	Altoona				SHALL

	State	IA	Iowa	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	50009		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Address History: Start Date	3/1/2007				SHALL
	Address History: End Date					SHALL
2.16.840.1.113883 .10.20.3	Patient Telephone	305-888- 2323				SHALL
2.16.840.1.113883 .10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.1138 83.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.113883 .10.20.3	Patient Date of Birth	3/29/1943				SHALL
2.16.840.1.113883 .10.20.3	Patient Medical Record Number	223212-9				SHALL
2.16.840.1.113883 .10.20.3	Patient Social Security Number	555-00-1434		2.16.840.1.1138 83.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.113883 .10.20.3	Patient Race	2106-3	White	2.16.840.1.1138 83.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.113883 .10.20.3	Patient Race (multiple)			2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.113883 .10.20.3	Patient Ethnicity	2135-2	Hispanic or Latino	2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.1.14.1	Patient Birth Place	CO	Colorado	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Patient Marital Status	W	Widowed	2.16.840.1.1138 83.5.2	HL7 Marital Status	SHALL
2.16.840.1.113883 .10.20.3	Physician Name	Will Hert				SHALL
2.16.840.1.113883 .10.20.3	Physician ID (NPI)	1723634995		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113883 .10.20.3	Physician Street Address	12365 Juniper Court				SHALL
2.16.840.1.113883 .10.20.3	City	Altoona		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	State	IA	Iowa	2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	50009				SHALL
2.16.840.1.113883	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL

.10.20.3						
2.16.840.1.113883 .10.20.3	Physician email					SHALL
2.16.840.1.113883 .10.20.3	Physician Telephone	5154399912				SHALL
2.16.840.1.113883 .10.20.3	Physician specialty	207RH0003X	Hematology & Oncology [Internal Medicine]	2.16.840.1.1138 83.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.113883 .10.20.3	Provider Organization ID	9871234466		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Name	Prairie Meadows Clinic				SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Street Address	12365 Juniper Court				SHALL
2.16.840.1.113883 .10.20.3	City	Altoona				SHALL
2.16.840.1.113883 .10.20.3	State	IA		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	50009		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113883 .10.20.3	Country	USA	United States			SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Telephone	5154399912				SHALL
2.16.840.1.113883 .10.20.3	[Encompassin g Encounter]					SHALL
1.3.6.1.4.1.19376. 1.4.1.3.1	Provider Referred From ID (NPI)					SHALL
1.3.6.1.4.1.19376. 1.4.1.3.1	Provider Referred From Name					SHALL
2.16.840.1.113883 .10.20.3	Provider Referred From Street Address					SHALL
2.16.840.1.113883 .10.20.3	City					SHALL
2.16.840.1.113883 .10.20.3	State			2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code			2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113883 .10.20.3	Country					SHALL

2.16.840.1.113883.10.20.3	Provider Referred From Telephone					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.16.1	Coded Social History Section					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Occupation	4600	Childcare workers	2.16.840.1.113883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Industry	8470	Child day care services	2.16.840.1.113883.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Smoking Status	428041000124106	Current some day smoker	2.16.840.1.113883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.1.5.3.7	Payers Section					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.17	Primary Payer at Diagnosis	61	Medicare Other	2.16.840.1.113883.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
		MP	Medicare Primary	2.16.840.1.113883.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.1937 6.1.7.3.1.3.14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.19376.1.7.3.1.3.14.1	Narrative	Stage 4 Malignant Melanoma of the trunk				SHALL
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnosis Date	8/15/2012				SHALL
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Histologic Type	8720	Malignant Melanoma	2.16.840.1.113883.6.43.1	ICD-O-3	SHALL
		M8720/3	Malignant melanoma NOS	2.16.840.1.113883.6.103	ICD-9-CM	SHALL
		2092003	Malignant Melanoma	2.16.840.1.113883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.113883.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113883.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Primary Site	172.5	Malignant Melanoma of the trunk, except scrotum	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)	SHALL

		181492002	Entire skin of back (body structure)	2.16.840.1.1138 83.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Laterality	1	Right	2.16.840.1.1138 83.3.520.3.1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical Stage Group	IV		2.16.840.1.1138 83.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.1138 83.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.1138 83.3.520.3.5	NAACCR TNM Edition Number	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical Staged By	3	Pathologist and managing physician	2.16.840.1.1138 83.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical T	T2b		2.16.840.1.1138 83.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	Date/Time	9/12/2012				SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical N	N0		2.16.840.1.1138 83.3.520.3.7	NAACCR TNM Clinical Node	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	Date/Time	9/12/2012				SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical M	M1		2.16.840.1.1138 83.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	Date/Time	9/12/2012				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.6	Active Problems Section					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	problem start date	5/22/2008				SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	problem stop date					SHALL (when Problem Status=completed or aborted) SHALL NOT (when Problem Status does not = completed or aborted)
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	Problem	331.0	Alzheimer's disease	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2		26929004	Alzheimer's disease	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	Problem Status	ACTIVE				SHALL

1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	problem start date	8/15/2012				SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	problem stop date					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	Problem	172.5	Malignant Melanoma of the trunk, except scrotum	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2		93651008	Malignant melanoma of skin of trunk	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.1.13.2. 7	Progress Note Section					SHALL
	Progress Notes Narrative	Discussed systemic treatment options with the patient including interferon-2, clinical trial or no treatment. After discussing potential benefits and side effects, patient elects to receive high-dose interferon-2. If the lung lesion does not respond or it progresses, the patient will be referred to a surgical oncologist for resection. The patient receives the first dose				SHALL

		during the visit.				
1.3.6.1.4.1.1937 6.1.5.3.1.3.28	Coded Results Section					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19	Procedure Code			2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19				2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19				2.16.840.1.1138 83.6.12	CPT-4	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19				2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19	Procedure Date					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Code (Lab Test Name)			2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Value data type (xsi:type)					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Value					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Result Units					SHALL (when Value@xsi:type="PQ")
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Result Date/Time					SHALL
1.3.6.1.4.1.19376.	Diagnosing					MAY

1.5.3.1.4.13	Facility					
1.3.6.1.4.1.19376. 1.5.3.1.4.13	Diagnostic facility ID			2.16.840.1.1138 83.4.7	CLIA	MAY
2.16.840.1.1138 83.10.20.1.12	Procedures Section					SHALL
	Procedure Activity Entry					SHALL
2.16.840.1.113883 .10.20.1.29	Procedure			2.16.840.1.1138 83.6.1	LOINC	SHALL
2.16.840.1.113883 .10.20.1.29				2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
2.16.840.1.113883 .10.20.1.29				2.16.840.1.1138 83.6.12	CPT-4	SHALL
2.16.840.1.113883 .10.20.1.29				2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.113883 .10.20.1.29	Site of procedure			2.16.840.1.1138 83.6.96	SNOMEDCT	MAY
2.16.840.1.113883 .10.20.1.29	Date of procedure					SHOULD
1.3.6.1.4.1.1937 6.1.7.3.1.3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.19	Medications Section					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Start Date	1/12/2010				SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Timing (Frequency)	bid	Twice daily			SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose	8				SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.1138 83.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Site			2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.19376. 1.5.3.1.4.7.2	Product Entry					SHALL

	manufactured Material					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Code	583132	Galantamine 8 MG Extended Release Capsule	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Coded Product Name	Razadyne				SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Strength					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Start Date	9/12/2012				SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Stop Date	10/10/2012				SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose	25000000				SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose Unit	iU	international units per meter squared	2.16.840.1.1138 83.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Site	RA	Right arm	2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.19376. 1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured Material					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Code (of Product Name)	311074	Interferon Alfa- 2b 25000000 UNT/ML Injectable Solution	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Name	Intron A 25000000 UNT/ML Injectable Solution				SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.3.21	Medications Administere d Section (medications that					SHALL

	are administered during the encounter)					
1.3.6.1.4.1.19376.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	9/12/2012				SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	25000000				SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	iU	international units per meter squared	2.16.840.1.1138 83.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site	RA	Right arm	2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.19376.1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured Material					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code (of Product Name)	311074	Interferon Alfa-2b 25000000 UNT/ML Injectable Solution	2.16.840.1.1138 83.6.88	RxNorm	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.7	Name	Intron A 25000000 UNT/ML Injectable Solution				SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.19376.6.1.5.3.1.3.31	Care Plan Section					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.14	Encounters Entry					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)			2.16.840.1.1138 83.4.6	NPI	SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to					SHOULD

	Name					
2.16.840.1.113883 .10.20.3	Provider Referred to Street Address					SHALL
2.16.840.1.113883 .10.20.3	City					SHALL
2.16.840.1.113883 .10.20.3	State			2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code			2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113883 .10.20.3	Country					SHALL
2.16.840.1.113883 .10.20.3	Provider Referred to Telephone					SHALL