

Category	English Story	Data Tab
4	Steven Anderson presents today at Riverview RadOnc Center for radiation simulation for his Stage IIIB colon cancer. Patient has no active problems other than the colon cancer. Using surgical clips identified on CT scans as markers, the radiation field is defined, filmed, and marked out by Dr. Ramon Radi. The treatment plan and dose are recorded in the patient's record. Mr. Anderson will receive external beam radiation daily for 6 weeks and will be evaluated at that time for boost modality therapy.	Cat4 Case2

Category 4 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	7/8/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	ANDERSON				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	STEVEN				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	BENJAMIN				SHALL
2.16.840.1.113883.10.20.3	Patient Maiden Name					SHOULD
2.16.840.1.113883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	5919 Camden Ave So				SHALL
	City	Philadelphia				SHALL
	State	PA		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	19019		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	3/3/1990				SHALL
	End Date	8/15/2007				SHALL
	Patient	14930				SHALL

	Street Address	Roosevelt Lane				
	City	Cincinnati				SHALL
	State	OH		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	45202		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	8/16/2007				SHALL
	Address History: End Date					SHALL
2.16.840.1.113883 .10.20.3	Patient Telephone	5134743292				SHALL
2.16.840.1.113883 .10.20.3	Patient Sex/Gender	M	Male	2.16.840.1.1138 83.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.113883 .10.20.3	Patient Date of Birth	6/15/1948				SHALL
2.16.840.1.113883 .10.20.3	Patient Medical Record Number	14735895-586				SHALL
2.16.840.1.113883 .10.20.3	Patient Social Security Number	987-21-3434		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	2186-5	Not 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	VA	Virginia	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Patient Marital Status	S	Never Married	2.16.840.1.1138 83.5.2	HL7 Marital Status	SHALL
2.16.840.1.113883 .10.20.3	Physician Name	Ramon Radi				SHALL
2.16.840.1.113883 .10.20.3	Physician ID (NPI)	1597532584		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113883 .10.20.3	Physician Street	12345 6th Avenue				SHALL

	Address					
2.16.840.1.113883 .10.20.3	City	Cincinnati		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	State	OH		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	45202				SHALL
2.16.840.1.113883 .10.20.3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.113883 .10.20.3	Physician email					SHALL
2.16.840.1.113883 .10.20.3	Physician Telephone	5136375479				SHALL
2.16.840.1.113883 .10.20.3	Physician specialty	2085R0001X	Radiation Oncology [Radiology]	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	1115559990		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Name	Riverview RadOnc Center				SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Street Address	12345 6th Avenue				SHALL
2.16.840.1.113883 .10.20.3	City	Cincinnati				SHALL
2.16.840.1.113883 .10.20.3	State	OH		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	45202		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	5136375479				SHALL
1.3.6.1.4.1.19376. 1.4.1.3.1	[Encompassing 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					SHALL

	Address					
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	7140	Aircraft mechanics and service technicians	2.16.840.1.1138 83.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13.4	Usual Industry	3570	Motor vehicles and motor vehicle equipment manufacturing	2.16.840.1.1138 83.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13.4	Smoking Status	77176002	Smoker, current status unknown	2.16.840.1.1138 83.6.96	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	11	Medicare (Managed Care)	2.16.840.1.1138 83.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.17		MP	Medicare Primary	2.16.840.1.1138 83.6.255	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 IIIB Malignant neoplasm of descending colon				SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Cancer Diagnosis					SHALL

	Entry					
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Diagnosis Date	6/22/2010				SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Histologic Type	8140	Adenocarcino ma, NOS	2.16.840.1.1138 83.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1		M8140/3	Adenocarcino ma, NOS	2.16.840.1.1138 83.6.103	ICD-9-CM	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1		35917007	Adenocarcino ma	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Behavior	3	Malignant, primary	2.16.840.1.1138 83.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive histology	2.16.840.1.1138 83.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Primary Site	153.2	Malignant neoplasm of descending colon	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1		32622004	Descending colon structure (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	0	Not a paired site	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	IIIB		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	T4		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	6/22/2010				SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical N	N1		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	6/22/2010				SHALL

1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical M	M0		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	6/22/2010				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	6/22/2010				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	153.2	Malignant neoplasm of descending colon	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		93771007	Primary malignant neoplasm of descending colon	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	Using surgical clips identified on CT scans as markers, the radiation field is defined, filmed, and marked out by Dr. Ramon Radi. Mr. Anderson will receive external beam radiation daily for 6 weeks and will be evaluated at that time for boost modality therapy.				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.28	Coded Results					SHALL

	Section					
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 83.6.96	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				2.16.840.1.1138 83.6.1	LOINC	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="P Q")
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Date/Time					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnosing Facility					MAY
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
2.16.840.1.113883.10.20.1.12	Procedures Section					SHALL
2.16.840.1.113883.10.20.1.29	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		82619000	left colectomy	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		45.75	Open and other left Hemicolectomy	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	32622004	Descending colon structure (body structure)	2.16.840.1.1138 83.6.96	SNOMEDCT	MAY
2.16.840.1.113883 .10.20.1.29	Date of procedure	6/25/2012				SHOULD
1.3.6.1.4.1.1937 6.1.7.3.1.3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative	Using surgical clips identified on CT scans as markers, the radiation field is defined, filmed, and marked out by Dr. Ramon Radi The treatment plan and dose are recorded in the patient's record. Mr. Anderson will receive external beam radiation daily for 6 weeks and will be evaluated at that time for boost modality therapy.				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	10/5/2006				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)	QD				SHOULD
1.3.6.1.4.1.19376.	Route	C38288	Oral	2.16.840.1.1138	NCI Thesaurus	SHOULD

1.5.3.1.4.7				83.3.26.1.1		
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose	75				SHOULD
	Dose Unit	mg		2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitivity	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
	manufacture dMaterial					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Code (of Product Name)	104474	aspirin	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Name	Aspirin				SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.19376. 6.1.5.3.1.3.21	Medications Administered Section (medications that are administered during the encounter)					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					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			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					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose Unit			2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitivity	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
	manufacture dMaterial					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Code (of Product Name)			2.16.840.1.1138 83.6.88	RxNorm	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Name					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. 1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Start Date					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			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					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose Unit			2.16.840.1.1138 83.11.12839	UnitsOfMeasu reCaseSensitiv e	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
	manufacture dMaterial					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Code (of Product Name)			2.16.840.1.1138 83.6.88	RxNorm	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Name					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.3.31	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 Name					SHOULD
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