

Category	English Story	Data Tab
6	Ms. Frances Theris arrives for her appointment with Dr. Abraham Helpman, complaining of bloating and lower left quadrant tenderness. Ongoing problems that are currently being monitored include mild anxiety. Dr. Helpman performed a needle biopsy with pathology diagnosis of mucinous cystadenoma of uncertain malignant potential of the left ovary. Ms. Theris is referred to Dr. Bennet Overlander for surgical consultation.	Cat6 Case3

Category 6 Case 3

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	2/13/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	THERIS				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	FRANCES				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	MARTHA				SHALL
2.16.840.1.113883.10.20.3	Patient Maiden Name	BOBDULIER				SHOULD
2.16.840.1.113883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	7933 Happiness Drive				SHALL
	City	Minneapolis				SHALL
	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	55401		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	3/7/1954				SHALL
	End Date	8/31/1999				SHALL
	Patient Street Address	2243 Fremont Avenue				SHALL
	City	Minneapolis				SHALL
	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL

	Postal Code	55402		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	9/1/1999				SHALL
	Address History: End Date					SHALL
2.16.840.1.113 883.10.20.3	Patient Telephone	7476365225				SHALL
2.16.840.1.113 883.10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.1138 83.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.113 883.10.20.3	Patient Date of Birth	10/17/1960				SHALL
2.16.840.1.113 883.10.20.3	Patient Medical Record Number	432345-2				SHALL
2.16.840.1.113 883.10.20.3	Patient Social Security Number	111-22-3333		2.16.840.1.1138 83.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.113 883.10.20.3	Patient Race	2106-3	White	2.16.840.1.1138 83.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.113 883.10.20.3	Patient Race (multiple)			2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.113 883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.1.14. 1	Patient Birth Place	MN	Minnesota	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Patient Marital Status	D	Divorced	2.16.840.1.1138 83.5.2	HL7 Marital Status	SHALL
2.16.840.1.113 883.10.20.3	Physician Name	ABRAHAM HELPMAN				SHALL
2.16.840.1.113 883.10.20.3	Physician ID (NPI)	1000000001		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113 883.10.20.3	Physician Street Address	12233 78TH STREET				SHALL
2.16.840.1.113 883.10.20.3	City	BUFFALO		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	State	NY		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	14267				SHALL
2.16.840.1.113 883.10.20.3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.113 883.10.20.3	Physician email					SHALL
2.16.840.1.113 883.10.20.3	Physician Telephone	7165553302				SHALL

2.16.840.1.113 883.10.20.3	Physician specialty	207Q00000X	Family Medicine	2.16.840.1.1138 83.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.113 883.10.20.3	Provider Organization ID	1230981100		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113 883.10.20.3	Provider Organization Name	METRO ONCOLOGY				SHALL
2.16.840.1.113 883.10.20.3	Provider Organization Street Address	12233 78TH STREET				SHALL
2.16.840.1.113 883.10.20.3	City	BUFFALO				SHALL
2.16.840.1.113 883.10.20.3	State	NY		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	14267-0002		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country	USA				SHALL
2.16.840.1.113 883.10.20.3	Provider Organization Telephone	7165553300				SHALL
1.3.6.1.4.1.193 76.1.4.1.3.1	[Encompassing Encounter]					SHALL
1.3.6.1.4.1.193 76.1.4.1.3.1	Provider Referred From ID (NPI)	5551234550				SHALL
1.3.6.1.4.1.193 76.1.4.1.3.1	Provider Referred From Name	Willard GenDoc				SHALL
2.16.840.1.113 883.10.20.3	Provider Referred From Street Address	7355 Zane Ave. No.				SHALL
2.16.840.1.113 883.10.20.3	City	BUFFALO				SHALL
2.16.840.1.113 883.10.20.3	State	NY		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	14267-0002		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country	USA	United States			SHALL
2.16.840.1.113 883.10.20.3	Provider Referred From Telephone	7165564902				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 16.1	Coded Social History Section					SHALL

1.3.6.1.4.1.193 76.1.5.3.1.4.13. 4	Usual Occupation	6050	Miscellaneous agricultural workers	2.16.840.1.1138 83.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13. 4	Usual Industry	8560	Independent artists, performing arts, spectator sports, and related industries	2.16.840.1.1138 83.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13. 4	Smoking Status	8517006	Former Smoker	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.1. 5.3.7	Payers Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.17	Primary Payer at Diagnosis	121	Medicare-FFS	2.16.840.1.1138 83.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.17		MF	Medicare Advantage Private Fee for Service	2.16.840.1.1138 83.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.19 376.1.7.3.1.3. 14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.193 76.1.7.3.1.3.14. 1	Narrative	Patient has a borderline cystic tumor on the left ovary.				SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1	Diagnosis Date	2/13/2012				SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1	Histologic Type	8470	mucinous cystadenoma, NOS	2.16.840.1.1138 83.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1		M8470/0	mucinous cystadenoma, NOS	2.16.840.1.1138 83.6.103	ICD-9-CM	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1		119422004	mucinous cystadenoma of ovary	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL

1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1	Behavior	0	benign	2.16.840.1.1138 83.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.1138 83.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1	Primary Site	220	Benign Neoplasm of Ovary	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1		119227007	Ovarian part (body structure)	2.16.840.1.1138 83.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 1	Laterality	2	Left	2.16.840.1.1138 83.3.520.3.1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 2	TNM Clinical Stage Group			2.16.840.1.1138 83.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14. 2	TNM Clinical Stage Descriptor			2.16.840.1.1138 83.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL
	TNM Edition			2.16.840.1.1138 83.3.520.3.5	NAACCR TNM Edition Number	SHALL
	TNM Clinical Staged By			2.16.840.1.1138 83.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL
	TNM Clinical T			2.16.840.1.1138 83.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
	Date/Time					SHALL
	TNM Clinical N			2.16.840.1.1138 83.3.520.3.7	NAACCR TNM Clinical Node	SHALL
	Date/Time					SHALL
	TNM Clinical M			2.16.840.1.1138 83.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
	Date/Time					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 6	Active Problems Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	problem start date	4/15/2009				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	problem stop date					SHALL (when Problem Status=complete d or aborted) SHALL NOT

						(when Problem Status does not = completed or aborted)
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	Problem	300.02	Generalized anxiety	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2		21897009	Generalized anxiety disorder	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	problem start date	2/13/2012				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	problem stop date					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	Problem	220	Benign Neoplasm of Ovary	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2		119422004	mucinous cystadenoma of ovary	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.1. 13.2.7	Progress Note Section					SHALL
	Progress Notes Narrative	Pt underwent an FNA biopsy of the left ovary. Pathology indicated a mucinous cystadenoma. Pt is referred to Dr. Bennett Overlander for evaluation and treatment.				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 28	Coded Results Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19	Procedure Code	67497009	fine needle biopsy of ovary	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL

1.3.6.1.4.1.193 76.1.5.3.1.4.19		58900	Biopsy of ovary, unilateral or bilateral	2.16.840.1.1138 83.6.12	CPT-4	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19		6511	Aspiration biopsy of ovary	2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19				2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19	Procedure Date	2/13/2012				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Code (Lab Test Name)	22637-3	Path report.final diagnosis	2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Value	FNA BX of It ovary: mucinous cystadenoma of uncertain malignant potential				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Result Units					SHALL (when Value@xsi:type="PQ")
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Result Date/Time	2/13/2012				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Diagnosing Facility	Happy Path				MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Diagnostic facility ID	12D1231234		2.16.840.1.1138 83.4.7	CLIA	MAY
2.16.840.1.11 3883.10.20.1. 12	Procedures Section					SHALL
2.16.840.1.113 883.10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.113 883.10.20.1.29	Procedure			2.16.840.1.1138 83.6.1	LOINC	SHALL
2.16.840.1.113 883.10.20.1.29				2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
2.16.840.1.113 883.10.20.1.29				2.16.840.1.1138 83.6.12	CPT-4	SHALL
2.16.840.1.113 883.10.20.1.29				2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL

2.16.840.1.113 883.10.20.1.29	Site of procedure			2.16.840.1.1138 83.6.96	SNOMEDCT	MAY
2.16.840.1.113 883.10.20.1.29	Date of procedure					SHOULD
1.3.6.1.4.1.19 376.1.7.3.1.3. 14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 19	Medications Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Start Date	4/13/2010				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Timing (Frequency)	BID	Twice a day			SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose	12.5				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Site			2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7. 2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Code (of Product Name)	562790	Paroxetine 12.5 MG Extended Release Tablet	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Name	Paxil				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Start Date					SHOULD

1.3.6.1.4.1.193 76.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Route			2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose Unit			2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Site			2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Code (of Product Name)			2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Name					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.3.21	Medications Administered Section (medications that are administered during the encounter)					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Start Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Route			2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose Unit			2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Site			2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY

1.3.6.1.4.1.193 76.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7. 2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Code (of Product Name)			2.16.840.1.1138 83.6.88	RxNorm	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Name					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.19 376.1.5.3.1.3. 31	Care Plan Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.14	Encounters Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)	1234567654		2.16.840.1.1138 83.4.6	NPI	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.14	Provider Referred to Name	Bennett Overlander				SHOULD
2.16.840.1.113 883.10.20.3	Provider Referred to Street Address	11639 Raven Street				SHALL
2.16.840.1.113 883.10.20.3	City	BUFFALO				SHALL
2.16.840.1.113 883.10.20.3	State	NY		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	14267-0002		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country	USA	United States			SHALL
2.16.840.1.113 883.10.20.3	Provider Referred to Telephone	7169873456				SHALL