Implementation Guide for CDA Release 2 Emergency Medical Services Patient Care Report (US REALM)



(Developer Documentation)

2 Implementation Guide for CDA Release 2 Introduction				
MDHT Publication				

Contents

Acknowledgments Revision History	
Chapter 1: INTRODUCTION	9
Overview	
Approach	
Scope	
Audience	
Organization of This Guide	
Templates	
Vocabulary and Value Sets	
Use of Templates	
Originator Responsibilities	
Recipient Responsibilities	
Conventions Used in This Guide	
Conformance Requirements	
Keywords	
XML Examples	
Chapter 2: DOCUMENT TEMPLATES	
Patient Care Report	14
Chapter 3: SECTION TEMPLATES	25
Billing	26
Chapter 4: CLINICAL STATEMENT TEMPLATES	29
Chapter 5: OTHER CLASSES	31
Chapter 6: VALUE SETS	33
EMS Billing Condition	
EMS Level Of Service.	
REFERENCES	

4 Implementation Guide for CDA Release 2 TOC				

Acknowledgments

This implementation guide was developed with the support and sponsorship of the National EMS Information System (NEMSIS), directed by Clay Mann. Additional clinical guidance was provided by Dr. Greg Mears. NEMSIS is supported by the US National Highway Traffic Safety Administration, the Centers for Disease Control, and the Health Resources and Services Administration, as well as dozens of other government agencies, universities, and professional organizations.

Shakir Consulting was instrumental in the creation of the domain analysis model and constrained model that inform this specification.

We leaned heavily on the work done by HL7's Structured Documents committee, as well as exemplary guides produced by other teams, most notably the Healthcare Associated Infections team.

The work could not have been completed without the indefatigable assistance of Jaci Phillips and the support of the Regenstrief institute.

This demonstration document contains informtion from the following sources:

©2010 ANSI. This material may be copied without permission from ANSI only if and to the extent that the text is not altered in any fashion and ANSI's copyright is clearly noted.

SNOMED CT® is the registered trademark of the International Health Terminology Standard Development Organization (IHTSDO).

This material contains content from LOINC® (http://loinc.org). The LOINC table, LOINC codes, and LOINC panels and forms file are copyright © 1995-2010, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and available at no cost under the license at http://loinc.org/terms-of-use.

Certain materials contained in this Interoperability Specification are reproduced from Health Level Seven (HL7) HL7 Implementation Guide: CDA Release 2 – Continuity of Care Document (CCD), HL7 Implementation Guide for CDA Release 2: History and Physical (H&P) Notes, HL7 Implementation Guide for CDA Release 2: Consult Notes, or HL7 Implementation Guide for CDA Release 2: Operative Notes with permission of Health Level Seven, Inc. No part of the material may be copied or reproduced in any form outside of the Interoperability Specification documents, including an electronic retrieval system, or made available on the Internet without the prior written permission of Health Level Seven, Inc. Copies of standards included in this Interoperability Specification may be purchased from the Health Level Seven, Inc. Material drawn from these standards is credited where used.

6 Implementation Guide for CDA Release 2 Acknowledgments	
MDHT Publication	

Revision History

Rev	Date	By Whom	Changes
New	July 2010	Dave Carlson	
First draft for posting	December 2010	Dave Carlson	Updated model content and publication format

8 Implementation Guide for CDA Release 2 Revision History				
MDHT Publication				

1

INTRODUCTION

Topics:

- Overview
- Approach
- Scope
- Audience
- Organization of This Guide
- Use of Templates
- Conventions Used in This Guide

Overview

This implementation guide is generated from UML models developed in the Open Health Tools (OHT) Model-Driven Health Tools (MDHT) project. The data specifications have been formalized into computational models expressed in UML. These models are used by automated tooling to generate this publication, plus validation tools and Java libraries for implementers.

Approach

Working with specifications generated from formal UML models provides the opportunity to work with the data from the perspective of the underlying model and electronic format and to explore many design issues thoroughly. Taking this as an initial step ensures that the data set developers and standards community can reach consensus prior to the larger commitment of time that would be required to bring the full data set into standard format.

This project supports reusability and ease of data collection through a standard data representation harmonized with work developed through Health Information Technology Expert Panel (HITEP), balloted through Health Level Seven (HL7) and/or recognized by the Health Information Technology Standards Panel (HITSP).

This implementation guide (IG) specifies a standard for electronic submission of NCRs in a Clinical Document Architecture (CDA), Release 2 format.

Scope

TODO: scope of this implementation guide.

Audience

The audience for this document includes software developers and implementers who wish to develop...

Organization of This Guide

The requirements as laid out in the body of this document are subject to change per the policy on implementation guides (see section 13.02" Draft Standard for Trial Use Documents" within the HL7 Governance and Operations Manual, http://www.hl7.org/documentcenter/public/membership/HL7_Governance_and_Operations_Manual.pdf).

Templates

Templates are organized by document (see Document Templates), by section (see Section Templates), and by clinical statements (see Clinical Statement Templates). Within a section, templates are arranged hierarchically, where a more specific template is nested under the more generic template that it conforms to. See Templates by Containment for a listing of the higher level templates by containment; the appendix Templates Used in This Guide includes a table of all of the templates Organized Hierarchically.

Vocabulary and Value Sets

Vocabularies recommended in this guide are from standard vocabularies. When SNOMED codes are used, rules defined in Using SNOMED CT in HL7 Version 3 are adhered to. In many cases, these vocabularies are further constrained into value sets for use within this guide. Value set names and OIDs are summarized in the table Summary of Value Sets. Each named value set in this summary table is stored in a template database that will be maintained by CHCA.

Use of Templates

When valued in an instance, the template identifier (templateId) signals the imposition of a set of template-defined constraints. The value of this attribute provides a unique identifier for the templates in question.

Originator Responsibilities

An originator can apply a templateId to assert conformance with a particular template.

In the most general forms of CDA exchange, an originator need not apply a templateId for every template that an object in an instance document conforms to. This implementation guide asserts when templateIds are required for conformance.

Recipient Responsibilities

A recipient may reject an instance that does not contain a particular templateId (e.g., a recipient looking to receive only CCD documents can reject an instance without the appropriate templateId).

A recipient may process objects in an instance document that do not contain a templateId (e.g., a recipient can process entries that contain Observation acts within a Problems section, even if the entries do not have templateIds).

Conventions Used in This Guide

Conformance Requirements

Conformance statements are grouped and identified by the name of the template, along with the templateId and the context of the template (e.g., ClinicalDocument, section, observation), which specifies the element under constraint. If a template is a specialization of another template, its first constraint indicates the more general template. In all cases where a more specific template conforms to a more general template, asserting the more specific template also implies conformance to the more general template. An example is shown below.

Template name

```
[<type of template>: templateId <XXXX.XXX.XXX.XXX>]
```

Description of the template will be here

- 1. Conforms to <The template name> Template (templateId: XXXX<XX>XXX>YYY).
- **2. SHALL** contain [1..1] @classCode = <AAA> <code display name> (CodeSystem: 123.456.789 <XXX> Class) **STATIC** (CONF:<number>).
- 3.

Figure 1: Template name and "conforms to" appearance

The conformance verb keyword at the start of a constraint (SHALL, SHOULD, MAY, etc.) indicates business conformance, whereas the cardinality indicator (0..1, 1..1, 1..*, etc.) specifies the allowable occurrences within an instance. Thus, "MAY contain 0..1" and "SHOULD contain 0..1" both allow for a document to omit the particular component, but the latter is a stronger recommendation that the component be included if it is known.

The following cardinality indicators may be interpreted as follows:

- 0...1 as zero to one present
- 1..1 as one and only one present
- 2..2 as two must be present
- 1..* as one or more present
- 0..* as zero to many present

Value set bindings adhere to HL7 Vocabulary Working Group best practices, and include both a conformance verb (SHALL, SHOULD, MAY, etc.) and an indication of DYNAMIC vs. STATIC binding. The use of SHALL requires that the component be valued with a member from the cited value set; however, in every case any HL7 "null" value such as other (OTH) or unknown (UNK) may be used.

Each constraint is uniquely identified (e.g., "CONF:605") by an identifier placed at or near the end of the constraint. These identifiers are not sequential as they are based on the order of creation of the constraint.

- **1. SHALL** contain [1..1] component/structuredBody (CONF:4082).
 - a. This component/structuredBody SHOULD contain [0..1] component (CONF:4130) such that it
 - **a. SHALL** contain [1..1] Reporting Parameters section (templateId:2.16.840.1.113883.10.20.17.2.1) (CONF:4131).
 - **b.** This component/structuredBody **SHALL** contain [1..1] component (CONF:4132) such that it
 - **a. SHALL** contain [1..1] Patient data section NCR (templateId:2.16.840.1.113883.10.20.17.2.5) (CONF:4133).

Figure 2: Template-based conformance statements example

CCD templates are included within this implementation guide for ease of reference. CCD templates contained within this implementation guide are formatted WITHOUT typical **KEYWORD** and **XML** element styles. A WIKI site is available if you would like to make a comment to be considered for the next release of CCD: http://wiki.hl7.org/index.php?title=CCD_Suggested_Enhancements The user name and password are: wiki/wikiwiki. You will need to create an account to edit the page and add your suggestion.

- 1. The value for "Observation / @moodCode" in a problem observation SHALL be "EVN" 2.16.840.1.113883.5.1001 ActMood STATIC. (CONF: 814).
- 2. A problem observation SHALL include exactly one Observation / statusCode. (CONF: 815).
- **3.** The value for "Observation / statusCode" in a problem observation SHALL be "completed" 2.16.840.1.113883.5.14 ActStatus STATIC. (CONF: 816).
- **4.** A problem observation SHOULD contain exactly one Observation / effectiveTime, to indicate the biological timing of condition (e.g. the time the condition started, the onset of the illness or symptom, the duration of a condition). (CONF: 817).

Figure 3: CCD conformance statements example

Keywords

The keywords SHALL, SHALL NOT, SHOULD, SHOULD NOT, MAY, and NEED NOT in this document are to be interpreted as described in the *HL7 Version 3 Publishing Facilitator's Guide*:

- SHALL: an absolute requirement
- SHALL NOT: an absolute prohibition against inclusion
- SHOULD/SHOULD NOT: valid reasons to include or ignore a particular item, but must be understood and carefully weighed
- MAY/NEED NOT: truly optional; can be included or omitted as the author decides with no implications

XML Examples

XML samples appear in various figures in this document in a fixed-width font. Portions of the XML content may be omitted from the content for brevity, marked by an ellipsis (...) as shown in the example below.

```
<ClinicalDocument xmlns='urn:h17-org:v3'>
...
</ClinicalDocument>
```

Figure 4: ClinicalDocument example

XPath expressions are used in the narrative and conformance requirements to identify elements because they are familiar to many XML implementers.

2

DOCUMENT TEMPLATES

Topics:

• Patient Care Report

This section contains the document level constraints for CDA documents that are compliant with this implementation guide.

Patient Care Report

[ClinicalDocument: templateId 2.16.840.1.113883.17.3.10.1]

- **1. SHALL** conform to *Consol General Header Constraints* template (templateId: 2.16.840.1.113883.10.20.22.1.1)
- 2. SHALL contain exactly one [1..1] @classCode="DOCCLIN" (CodeSystem: 2.16.840.1.113883.5.6 HL7ActClass)
- 3. SHALL contain exactly one [1..1] @moodCode="EVN" Event (CodeSystem: 2.16.840.1.113883.5.1001 HL7ActMood)
- 4. SHALL contain exactly one [1..1] realmCode/@code="US" (CONF:5249)
- **5. SHALL** contain exactly one [1..1] **typeId** (CONF:5361)
- **6. SHALL** contain exactly one [1..1] **id** (CONF:5363)
- 7. **SHALL** contain exactly one [1..1] **code/@code**="67796-3" *EMS Patient Care Report* (CodeSystem: 2.16.840.1.113883.6.1 LOINC) (CONF:5253)
- **8. SHALL** contain exactly one [1..1] title (CONF:5254)
- 9. SHALL contain exactly one [1..1] effectiveTime (CONF:5256)
- 10. SHALL contain exactly one [1..1] confidentialityCode, which SHALL be selected from ValueSet 2.16.840.1.113883.1.11.16926 BasicConfidentialityKind STATIC (CONF:5259)
- 11. SHALL contain exactly one [1..1] languageCode, which SHALL be selected from ValueSet 2.16.840.1.113883.1.11.11526 Language DYNAMIC (CONF:5372)
- **12. SHALL** contain exactly one [1..1] **setId** (CONF:5261)
- **13. MAY** contain zero or one [0..1] **versionNumber** (CONF:5264)
- **14.** Contains exactly one [1..1] **component**, where its type is *Component2*
- **15. SHALL** contain at least one [1..*] **recordTarget** (CONF:5266)

The recordTarget records the patient whose health information is described by the clinical document; it must contain at least one patientRole element.

- a. Such recordTargets **SHALL** contain exactly one [1..1] **patientRole** (CONF:5268)
 - a. This patientRole **SHALL** contain at least one [1..*] **addr** (CONF:5271)
 - **b.** This patientRole **SHALL** contain at least one [1..*] **id** (CONF:5268)
 - c. This patientRole **SHALL** contain at least one [1..*] **telecom** (CONF:5280)
 - **d.** This patientRole **SHALL** contain exactly one [1..1] **patient** (CONF:5283)
 - a. This patient SHALL contain exactly one [1..1] administrativeGenderCode, which SHALL be selected from ValueSet 2.16.840.1.113883.1.11.1 Administrative Gender (HL7 V3) DYNAMIC (CONF:6394)
 - b. This patient SHALL contain exactly one [1..1] birthTime
 - c. This patient MAY contain zero or one [0..1] ethnicGroupCode
 - **d.** This patient **SHOULD** contain zero or one [0..1] **maritalStatusCode**, which **SHOULD** be selected from ValueSet 2.16.840.1.113883.1.11.12212 *Marital Status* **STATIC** 1
 - e. This patient **SHALL** contain exactly one [1..1] **name** (CONF:5284)
 - **f.** This patient **MAY** contain zero or one [0..1] **raceCode**, which **MAY** be selected from ValueSet 2.16.840.1.113883.1.11.14914 *Race* **STATIC** 1
 - g. This patient MAY contain zero or one [0..1] religiousAffiliationCode, which MAY be selected from ValueSet 2.16.840.1.113883.1.11.19185 Religious Affiliation STATIC 1
 - **h.** This patient **MAY** contain zero or more [0..*] **guardian** (CONF:5325)
 - a. Such guardians **SHOULD** contain zero or more [0..*] addr
 - b. Such guardians SHOULD contain zero or one [0..1] code, which SHOULD be selected from ValueSet 2.16.840.1.113883.1.11.19563 Personal Relationship Role Type STATIC 1

- c. Such guardians MAY contain zero or more [0..*] telecom
- **d.** Such guardians **SHALL** contain zero or one [0..1] **guardianPerson** (CONF:5385)
 - a. This guardianPerson **SHALL** contain at least one [1..*] **name** (CONF:5470)
- i. This patient **MAY** contain zero or one [0..1] **birthplace** (CONF:5395)
 - **a.** This birthplace **SHALL** contain zero or one [0..1] **place** (CONF:5396)
 - **a.** This place **SHALL** contain zero or one [0..1] **addr** (CONF:5397)
- j. This patient **SHOULD** contain zero or one [0..1] **languageCommunication** (CONF:5406)
 - a. This languageCommunication SHALL contain exactly one [1..1] languageCode, which SHALL be selected from ValueSet 2.16.840.1.113883.1.11.11526 Language DYNAMIC (CONF:5407)
 - b. This languageCommunication MAY contain zero or one [0..1] preferenceInd (CONF:5414)
 - c. This languageCommunication SHALL contain zero or one [0..1] proficiencyLevelCode, which SHALL be selected from ValueSet 2.16.840.1.113883.1.11.12199 LanguageAbilityProficiency STATIC (CONF:9965)
 - d. This languageCommunication SHALL contain zero or one [0..1] modeCode, which SHALL be selected from ValueSet 2.16.840.1.113883.1.11.12249 LanguageAbilityMode STATIC 1 (CONF:5409)
- k. This patient SHALL satisfy: BirthTime precise to year
- 1. This patient SHOULD satisfy: BirthTime precise to day
- e. This patientRole Contains zero or one [0..1] providerOrganization
 - **a.** This providerOrganization **SHALL** contain at least one [1..*] **addr** (CONF:5422)
 - **b.** This providerOrganization **SHALL** contain at least one [1..*] **id** (CONF:5417)
 - c. This providerOrganization SHALL contain at least one [1..*] name (CONF:5419)
 - **d.** This providerOrganization **SHALL** contain at least one [1..*] **telecom** (CONF:5420)
 - **e.** This providerOrganization The id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9996) (CONF:9996)
- **16. MAY** contain exactly one [1..1] **componentOf** (CONF:9955)
 - a. This componentOf SHALL contain exactly one [1..1] encompassingEncounter (CONF:9956)
 - a. This encompassing Encounter SHALL contain exactly one [1..1] effectiveTime (CONF:9958)
 - **b.** This encompassing Encounter **SHALL** contain at least one [1..*] **id** (CONF:9959)
- **17. SHALL** contain at least one [1..*] **author** (CONF:5444)
 - a. Such authors Contains exactly one [1..1] time
 - b. Such authors **SHALL** contain exactly one [1..1] **assignedAuthor** (CONF:5448)
 - a. This assigned Author **SHALL** contain at least one [1..*] addr (CONF:5452)
 - **b.** This assigned Author **SHOULD** contain zero or one [0..1] **code** (CONF:9942)
 - c. This assigned Author **SHALL** contain at least one [1..*] **id** (CONF:5449)
 - d. This assigned Author SHALL contain at least one [1..*] telecom (CONF:5428)
 - e. This assigned Author Contains zero or one [0..1] assignedPerson
 - a. This assignedPerson **SHALL** contain at least one [1..*] **name** (CONF:5470)
 - f. This assigned Author Contains zero or one [0..1] assigned Authoring Device
 - a. This assigned Authoring Device SHALL contain exactly one [1..1] manufacturerModelName (CONF:9936)
 - b. This assigned Authoring Device SHALL contain exactly one [1..1] softwareName (CONF:9999)
 - **g.** This assigned Author This assigned Author **SHALL** contain exactly one [1..1] assigned Person or assigned Authoring Device
 - **h.** This assigned Author The id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9996)

18. MAY contain zero or one [0..1] **dataEnterer** (CONF:5441)

- a. This dataEnterer SHALL contain exactly one [1..1] assignedEntity (CONF:5442)
 - **a.** This assignedEntity **SHALL** contain at least one [1..*] **addr** (CONF:5460)
 - **b.** This assignedEntity **SHOULD** contain zero or one [0..1] **code** (CodeSystem: 2.16.840.1.113883.6.101 NUCCHealthCareProviderTaxonomy) (CONF:9944)
 - c. This assignedEntity **SHALL** contain at least one [1..*] **id** (CONF:5443)
 - **d.** This assignedEntity **SHALL** contain at least one [1..*] **telecom** (CONF:5466)
 - e. This assignedEntity SHALL contain exactly one [1..1] assignedPerson (CONF:5469)
 - a. This assignedPerson **SHALL** contain at least one [1..*] **name** (CONF:5470)
 - **f.** This assignedEntity id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9943)

19. SHALL contain exactly one [1..1] **custodian** (iv., CONF:5519)

- a. This custodian SHALL contain exactly one [1..1] assignedCustodian (CONF:5520)
 - a. This assigned Custodian SHALL contain zero or one [0..1] represented Custodian Organization (CONF:5521)
 - a. This representedCustodianOrganization SHALL contain at least one [1..*] addr (CONF:5559)
 - b. This representedCustodianOrganization SHALL contain at least one [1..*] id (CONF:5522)
 - c. This representedCustodianOrganization SHALL contain exactly one [1..1] name (CONF:5524)
 - **d.** This represented Custodian Organization **SHALL** contain exactly one [1..1] **telecom** (CONF:5525)
 - **e.** This representedCustodianOrganization The id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9996)

20. MAY contain zero or more [0..*] **informationRecipient** (CONF:5565)

- a. Such informationRecipients SHALL contain zero or one [0..1] intendedRecipient (CONF:5566)
 - a. This intendedRecipient MAY contain zero or one [0..1] informationRecipient (CONF:5568)
 - **a.** This informationRecipient **SHALL** contain at least one [1..*] **name** (CONF:5470)
 - **b.** This intendedRecipient **MAY** contain zero or one [0..1] **receivedOrganization** (CONF:5577)
 - **a.** This received Organization **SHALL** contain zero or more [0..*] **name** (CONF:5578)

21. SHOULD contain zero or one [0..1] **legalAuthenticator** (CONF:5579)

- **a.** This legal Authenticator **SHALL** contain exactly one [1..1] **time** (CONF:5580)
- **b.** This legal Authenticator **SHALL** contain exactly one [1..1] **signatureCode/@code=** "S" (CodeSystem: 2.16.840.1.113883.5.89 Participationsignature) (CONF:5583, CONF:5584)
- c. This legal Authenticator Contains zero or one [0..1] assignedEntity
 - a. This assignedEntity SHALL contain at least one [1..*] addr
 - **b.** This assignedEntity **SHOULD** contain zero or one [0..1] **code** (CodeSystem: 2.16.840.1.113883.6.101 NUCCHealthCareProviderTaxonomy)
 - c. This assignedEntity SHALL contain at least one [1..*] id
 - **d.** This assignedEntity **SHALL** contain at least one [1..*] **telecom**
 - e. This assignedEntity SHALL contain exactly one [1..1] assignedPerson (CONF:5597)
 - a. This assignedPerson **SHALL** contain at least one [1..*] **name** (CONF:5470)
 - **f.** This assignedEntity The id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9996)

22. MAY contain zero or more [0..*] **authenticator** (CONF:5607)

- **a.** Such authenticators **SHALL** contain exactly one [1..1] **time** (CONF:5608)
- **b.** Such authenticators **SHALL** contain exactly one [1..1] **signatureCode/@code=** "S" (CodeSystem:
 - 2.16.840.1.113883.5.89 Participationsignature)
- c. Such authenticators **SHALL** contain zero or one [0..1] **assignedEntity** (CONF:5612)

- a. This assignedEntity **SHALL** contain at least one [1..*] **addr** (CONF:5616)
- **b.** This assignedEntity **MAY** contain zero or one [0..1] **code** (CONF:9951)
- c. This assignedEntity **SHALL** contain at least one [1..*] id (CONF:5613)
- **d.** This assignedEntity **SHALL** contain at least one [1..*] **telecom** (CONF:5622)
- e. This assignedEntity Contains zero or one [0..1] assignedPerson
 - **a.** This assignedPerson **SHALL** contain at least one [1..*] **name** (CONF:5470)
- **f.** This assignedEntity The id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9996)
- **23. MAY** contain zero or one [0..1] **informant** (CONF:8001)
 - a. This informant Contains zero or one [0..1] assignedEntity
 - a. This assignedEntity **SHOULD** contain zero or more [0..*] addr (CONF:8220)
 - **b.** This assignedEntity **SHALL** contain zero or one [0..1] **code** (CodeSystem: 2.16.840.1.113883.6.101 NUCCHealthCareProviderTaxonomy)
 - c. This assignedEntity **SHOULD** contain at least one [1..*] id (a., CONF:9945)
 - d. This assignedEntity SHALL contain zero or one [0..1] assignedPerson (CONF:8221)
 - **a.** This assignedPerson **SHALL** contain at least one [1..*] **name** (CONF:5470)
 - **e.** This assignedEntity The id **SHOULD** include zero or one [0..1] id where id/@root ="2.16.840.1.113883.4.6" National Provider Identifier (CONF:9996)
 - **b.** This informant Contains zero or one [0..1] **relatedEntity**
 - **a.** This relatedEntity **SHOULD** contain zero or more [0..*] **addr** (CONF:8220)
 - b. This relatedEntity SHALL contain zero or one [0..1] relatedPerson (CONF:8221)
 - a. This relatedPerson SHALL contain at least one [1..*] name (CONF:5470)
 - c. This informant SHALL satisfy: contain exactly one [1..1] assignedEntity OR exactly one [1..1] relatedEntity (CONF:8002)
- **24. MAY** contain zero or more [0..*] participant (CONF:10003)
 - a. Such participants MAY contain zero or one [0..1] time (CONF:10004)
 - **b.** Such participants Such participants, if present, **SHALL** have an associatedPerson or scopingOrganization element under participant/associatedEntity.
 - **c.** Such participants Unless otherwise specified by the document specific header constraints, when participant/ @typeCode is IND, associatedEntity/@classCode **SHALL** be selected from ValueSet INDRoleclassCodes 2.16.840.1.113883.11.20.9.33 STATIC 2011-09-30.
- **25. MAY** contain zero or more [0..*] **inFulfillmentOf** (CONF:9952)
 - a. Such inFulfillmentOfs **SHALL** contain exactly one [1..1] **order** (CONF:9953)
 - a. This order **SHALL** contain at least one [1..*] **id** (CONF:9954)
- **26.** Contains zero or one [0..1] **author**
 - a. This author **SHALL** contain zero or one [0..1] @typeCode="AUT"
 - **b.** This author Contains zero or one [0..1] **assignedAuthor**
 - a. This assignedAuthor SHALL contain zero or one [0..1] @classCode="ASSIGNED"
- 27. Contains zero or one [0..1] recordTarget
 - a. This recordTarget SHALL contain zero or one [0..1] @contextControlCode="OP"
 - b. This recordTarget SHALL contain exactly one [1..1] typeId
- 28. MAY contain zero or one [0..1] author
 - a.
- **29. MAY** contain exactly one [1..1] **componentOf** (CONF:9955)
 - a. This componentOf SHALL contain exactly one [1..1] encompassingEncounter (CONF:9956)

- a. This encompassing Encounter SHALL contain exactly one [1..1] effectiveTime (CONF:9958)
- **b.** This encompassing Encounter **SHALL** contain at least one [1..*] **id** (CONF:9959)
- **30.** Contains zero or one [0..1] **componentOf**
 - a. This componentOf SHALL contain zero or one [0..1] @typeCode="COMP"
 - b. This componentOf Contains zero or one [0..1] encompassingEncounter
 - **a.** This encompassingEncounter **SHALL** contain zero or one [0..1] **@classCode**="ENC" (CodeSystem: 2.16.840.1.113883.5.6 HL7ActClass)
 - **b.** This encompassingEncounter **SHALL** contain zero or one [0..1] **@moodCode**="EVN" *Event* (CodeSystem: 2.16.840.1.113883.5.1001 HL7ActMood)
 - c. This encompassing Encounter SHALL contain exactly one [1..1] effectiveTime
 - **d.** This encompassing Encounter Contains zero or one [0..1] **location**
 - a. This location SHALL contain exactly one [1..1] healthCareFacility
 - a. This healthCareFacility SHALL contain exactly one [1..1] @classCode= "SDLOC"
 - **b.** This healthCareFacility **SHALL** contain exactly one [1..1] **id**
 - c. This healthCareFacility SHALL contain exactly one [1..1] location
 - a. This location **SHALL** contain exactly one [1..1] **@classCode**="PLC" (CodeSystem: 2.16.840.1.113883.6.3 ICD-10)
 - **b.** This location **MAY** contain zero or one [0..1] **name**
 - c. This location MAY contain zero or one [0..1] addr
- 31. SHOULD contain zero or one [0..1] advanceDirectivesSectionEntriesOptional
 - **a.** Contains exactly one [1..1] *Consol Advance Directives Section Entries Optional* (templateId: 2.16.840.1.113883.10.20.22.2.21)
- 32. SHOULD contain zero or one [0..1] allergiesSectionEntriesOptional
 - **a.** Contains exactly one [1..1] *Consol Allergies Section Entries Optional* (templateId: 2.16.840.1.113883.10.20.22.2.6)
- **33.** Contains zero or one [0..1] billing
 - **a.** Contains exactly one [1..1] *Billing* (templateId: 2.16.840.1.113883.17.3.10.1.5)
- **34. SHALL** satisfy: The US Realm Clinical Document Address datatype flavor is used by US Realm Clinical Document Header for the patient or any other person or organization mentioned within it.
- **35. SHALL** satisfy: The US Realm Clinical Document Date and Time datatype flavor records date and time information. If no time zone offset is provided, you can make no assumption about time, unless you have made a local exchange agreement. This data type uses the same rules as US Realm Date and Time (DTM.US.FIELDED), but is used with the effectiveTime element.
- **36. SHALL** satisfy: The US Realm Patient Name datatype flavor is a set of reusable constraints that can be used for the patient or any other person. It requires a first (given) and last (family) name. If a patient or person has only one name part (e.g., patient with first name only) place the name part in the field required by the organization. Use the appropriate nullFlavor, "Not Applicable" (NA), in the other field.

emspcr::PatientCareReport							
cda::clinicaldocument[cda:templateId/@root = 2.16.840.1.113883.17.3.10.1]/							
Name	XPath	Cardinality	Severity	Nullable	Data Type	Conformance	Value(s)
classCode	@classCode	11	SHALL	NO	ActClinicalDocum	ent	DOCCLIN
moodCode	@moodCode	11	SHALL	NO	ActMood		EVN
nullFlavor	@nullFlavor	01		NO	NullFlavor		ASKU

emspcr::Patient(CareReport							
cda::clinicaldocu	ment[cda:template	eId/@root = 2.16.8	40.1.113883.17.3.1	0.1]/				
Name	XPath	Cardinality	Severity	Nullable	Data Type	Conformance	Value(s)	
code	code	11	SHALL	YES	СЕ	CONF:5253	LOINC 2.16.840.1.113883 67796-3	.6.1
confidentialityCoo	confidentialityCod	el1	SHALL	YES	CE	CONF:5259	null	
copyTime	copyTime	01		YES	TS			
effectiveTime	effectiveTime	11	SHALL	YES	TS	CONF:5256		
id	id	11	SHALL	YES	II	CONF:5363		
languageCode	languageCode	11	SHALL	YES	CS	CONF:5372		
realmCode	realmCode	11	SHALL	YES	CS	CONF:5249	null null US	
setId	setId	11	SHALL	YES	П	CONF:5261		
templateId	templateId	0*		YES	П		2.16.840.1.113883	.17.3
title	title	11	SHALL	YES	ST	CONF:5254		
versionNumber	versionNumber	01	MAY	YES	INT	CONF:5264		
advanceDirectives	SædviamÆlDiriesOpti	Standt ionEntriesOpti	S HOULD	YES	AdvanceDirective	SectionEntriesOpt	onal	
allergiesSectionEr	t niks@peisSrea ttionEr	tfle \$ Optional	SHOULD	YES	AllergiesSectionE	ntriesOptional		
authenticator	authenticator	0*	MAY	YES	Authenticator	CONF:5607		
author	author	01	SHALL	YES	Author	CONF:5444		
authorization	authorization	0*		YES	Authorization			
billing	billing	01		YES	Billing			
component	component	11		YES	Component2			
componentOf	componentOf	11	MAY	YES	ComponentOf	CONF:9955		
componentOf2	componentOf2	01		YES	ComponentOf			
custodian	custodian	11	SHALL	YES	Custodian	iv.CONF:5519		
dataEnterer	dataEnterer	01	MAY	YES	DataEnterer	CONF:5441		
documentationOf	documentationOf	0*		YES	DocumentationOf	,		
humanAuthor	humanAuthor	01	MAY	YES	HumanAuthor			
informant	informant	01	MAY	YES	Informant	CONF:8001		
informationRecipi	e in tformationRecipi	eθt.*	MAY	YES	InformationRecip	ie@ONF:5565		
inFulfillmentOf	inFulfillmentOf	0*	MAY	YES	InFulfillmentOf	CONF:9952		
legalAuthenticator	legalAuthenticator	01	SHOULD	YES	LegalAuthenticato	rCONF:5579		
participant	participant	0*		YES	Participant1			
recordTarget	recordTarget	01	SHALL	YES	RecordTarget	CONF:5266		
relatedDocument	relatedDocument	0*		YES	RelatedDocument			

emspcr::PatientC	emspcr::PatientCareReport						
cda::clinicaldocu	cda::clinicaldocument[cda:templateId/@root = 2.16.840.1.113883.17.3.10.1]/						
Name	XPath	Cardinality	Severity	Nullable	Data Type	Conformance	Value(s)
supportParticipant	supportParticipant	0*	MAY	YES	ParticipantSuppor	CONF:10003	
typeId	typeId	11	SHALL	YES	InfrastructureRoot	TÇIQANAF:5361	

Patient Care Report example

```
<?xml version="1.0" encoding="UTF-8"?>
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"</pre>
xmlns="urn:hl7-org:v3" xsi:schemaLocation="urn:hl7-org:v3 CDA.xsd"
 classCode="DOCCLIN" moodCode="EVN">
  <realmCode code="US"/>
  <typeId root="2.16.840.1.113883.1.3"/>
  <templateId root="2.16.840.1.113883.10.20.22.1.1"/>
  <templateId root="2.16.840.1.113883.17.3.10.1"/>
  <id root="1897365050"/>
  <code code="67796-3" codeSystem="2.16.840.1.113883.6.1"</pre>
 codeSystemName="LOINC" displayName="EMS Patient Care Report"/>
  <title/>
  <effectiveTime/>
  <confidentialityCode codeSystem="2.16.840.1.113883.5.25"</pre>
 codeSystemName="ConfidentialityCode"/>
  <lanquageCode/>
  <setId root="c0024834-c2a4-4e9b-a298-242055935ab9"/>
  <versionNumber value="1"/>
  <recordTarget contextControlCode="OP">
    <typeId root="2.16.840.1.113883.1.3"/>
    <patientRole/>
  </recordTarget>
  <author typeCode="AUT">
    <time/>
    <assignedAuthor classCode="ASSIGNED">
      <id root="1055620639"/>
    </assignedAuthor>
  </author>
  <author>
    <time/>
    <assignedAuthor/>
  </author>
  <custodian/>
  <componentOf typeCode="COMP">
    <encompassingEncounter classCode="ENC" moodCode="EVN">
      <effectiveTime>
        <low value="2012"/>
        <high value="2012"/>
      </effectiveTime>
      <location>
        <healthCareFacility classCode="SDLOC">
          <id root="1610117679"/>
          <location/>
        </healthCareFacility>
      </location>
    </encompassingEncounter>
  </componentOf>
  <component>
    <structuredBody>
      <component>
        <section>
          <realmCode/>
```

```
<typeId root="2.16.840.1.113883.1.3"/>
         <templateId root="2.16.840.1.113883.10.20.22.2.21"/>
         <id root="76705380"/>
         <code code="42348-3" codeSystem="2.16.840.1.113883.6.1"</pre>
codeSystemName="LOINC" displayName="Advance Directives"/>
         <title/>
         <confidentialityCode code="Value"/>
         <languageCode/>
         <author typeCode="AUT">
           <time/>
           <assignedAuthor classCode="ASSIGNED">
             <id root="1701485771"/>
           </assignedAuthor>
         </author>
         <author>
           <time/>
           <assignedAuthor/>
         </author>
         <entry>
           <observation classCode="OBS" moodCode="EVN">
             <realmCode/>
             <typeId root="2.16.840.1.113883.1.3"/>
             <templateId root="2.16.840.1.113883.10.20.22.4.48"/>
             <id root="1226760513"/>
             <code codeSystem="2.16.840.1.113883.6.96"</pre>
codeSystemName="SNOMEDCT"/>
             <statusCode code="completed"/>
             <effectiveTime>
               <low value="2012"/>
               <high value="2012"/>
             </effectiveTime>
             <languageCode/>
             <author typeCode="AUT">
               <time/>
               <assignedAuthor classCode="ASSIGNED">
                 <id root="11506183"/>
               </assignedAuthor>
             </author>
             <author>
               <time/>
               <assignedAuthor/>
             </author>
           </observation>
         </entry>
       </section>
     </component>
     <component>
       <section>
         <realmCode/>
         <typeId root="2.16.840.1.113883.1.3"/>
         <templateId root="2.16.840.1.113883.10.20.22.2.6"/>
         <id root="606163006"/>
         <code code="48765-2" codeSystem="2.16.840.1.113883.6.1"</pre>
codeSystemName="LOINC" displayName="Allergies, adverse reactions, alerts"/>
         <title/>
         <confidentialityCode code="Value"/>
         <languageCode/>
         <author typeCode="AUT">
           <time/>
           <assignedAuthor classCode="ASSIGNED">
             <id root="1627428008"/>
           </assignedAuthor>
         </author>
         <author>
```

```
<time/>
           <assignedAuthor/>
         </author>
         <entry>
           <act classCode="ACT" moodCode="EVN">
             <realmCode/>
             <typeId root="2.16.840.1.113883.1.3"/>
             <templateId root="2.16.840.1.113883.10.20.22.4.30"/>
             <id root="1989150888"/>
             <code code="48765-2" codeSystem="2.16.840.1.113883.6.1"</pre>
codeSystemName="LOINC" displayName="Allergies, adverse reactions, alerts"/>
             <effectiveTime>
               <low value="2012"/>
               <high value="2012"/>
             </effectiveTime>
             <languageCode/>
             <author typeCode="AUT">
               <time/>
               <assignedAuthor classCode="ASSIGNED">
                 <id root="70729620"/>
               </assignedAuthor>
             </author>
             <author>
               <time/>
               <assignedAuthor/>
             </author>
             <entryRelationship>
               <observation classCode="OBS" moodCode="EVN">
                 <realmCode/>
                 <typeId root="2.16.840.1.113883.1.3"/>
                 <templateId root="2.16.840.1.113883.10.20.22.4.7"/>
                 <id root="1625485119"/>
                 <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4"</pre>
codeSystemName="HL7ActCode"/>
                 <statusCode code="completed"/>
                 <effectiveTime>
                   <low value="2012"/>
                   <high value="2012"/>
                 </effectiveTime>
                 <languageCode/>
                 <author typeCode="AUT">
                   <time/>
                   <assignedAuthor classCode="ASSIGNED"/>
                 </author>
                 <author>
                   <time/>
                   <assignedAuthor/>
                 </author>
                 <entryRelationship>
                   <observation classCode="OBS" moodCode="EVN">
                     <realmCode/>
                     <typeId root="2.16.840.1.113883.1.3"/>
                     <templateId root="2.16.840.1.113883.10.20.22.4.9"/>
                     <id root="1724275965"/>
                     <code code="1049869200"/>
                     <statusCode code="completed"/>
                     <effectiveTime>
                       <low value="2012"/>
                        <high value="2012"/>
                     </effectiveTime>
                     <languageCode/>
                     <author typeCode="AUT"/>
                     <author/>
                     <entryRelationship>
```

```
<observation/>
                     </entryRelationship>
                     <entryRelationship>
                        cedure/>
                     </entryRelationship>
                     <entryRelationship>
                        <substanceAdministration classCode="SBADM"/>
                     </entryRelationship>
                   </observation>
                 </entryRelationship>
                 <entryRelationship>
                   <observation classCode="OBS" moodCode="EVN">
                     <realmCode/>
                     <typeId root="2.16.840.1.113883.1.3"/>
                     <templateId root="2.16.840.1.113883.10.20.22.4.8"/>
                     <id root="705150352"/>
                     <code code="SEV" codeSystem="2.16.840.1.113883.5.4"</pre>
codeSystemName="HL7ActCode" displayName="Severity observation"/>
                     <statusCode code="completed"/>
                     <effectiveTime>
                        <low value="2012"/>
                        <high value="2012"/>
                     </effectiveTime>
                     <languageCode/>
                     <author typeCode="AUT"/>
                     <author/>
                   </observation>
                 </entryRelationship>
                 <entryRelationship>
                   <observation classCode="OBS" moodCode="EVN">
                     <realmCode/>
                     <typeId root="2.16.840.1.113883.1.3"/>
                     <templateId root="2.16.840.1.113883.10.20.22.4.28"/>
                     <id root="522295651"/>
                     <code code="33999-4" codeSystem="2.16.840.1.113883.6.1"</pre>
codeSystemName="LOINC" displayName="Status"/>
                     <statusCode code="completed"/>
                     <effectiveTime>
                        <low value="2012"/>
                        <high value="2012"/>
                     </effectiveTime>
                     <languageCode/>
                     <author typeCode="AUT"/>
                     <author/>
                   </observation>
                 </entryRelationship>
               </observation>
             </entryRelationship>
           </act>
         </entry>
       </section>
     </component>
     <component>
       <section>
         <realmCode/>
         <typeId root="2.16.840.1.113883.1.3"/>
         <templateId root="2.16.840.1.113883.17.3.10.1.5"/>
         <id root="570890566"/>
         <code code="67659#3" codeSystem="2.16.840.1.113883.6.1"</pre>
codeSystemName="LOINC"/>
         <title/>
         <confidentialityCode code="Value"/>
         <languageCode/>
         <author typeCode="AUT">
```

```
<time/>
            <assignedAuthor classCode="ASSIGNED">
              <id root="584985666"/>
            </assignedAuthor>
          </author>
          <author>
            <time/>
            <assignedAuthor/>
          </author>
          <entry>
            <observation>
              <realmCode/>
              <typeId root="2.16.840.1.113883.1.3"/>
              <id root="53358209"/>
              <code code="76412159"/>
              <effectiveTime>
                <low value="2012"/>
                <high value="2012"/>
              </effectiveTime>
              <languageCode/>
              <author typeCode="AUT">
                <time/>
                <assignedAuthor classCode="ASSIGNED">
                  <id root="463992789"/>
                </assignedAuthor>
              </author>
              <author>
                <time/>
                <assignedAuthor/>
              </author>
            </observation>
          </entry>
          <entry>
            <observation>
              <realmCode/>
              <typeId root="2.16.840.1.113883.1.3"/>
              <id root="543358855"/>
              <code code="100257824"/>
              <effectiveTime>
                <low value="2012"/>
                <high value="2012"/>
              </effectiveTime>
              <languageCode/>
              <author typeCode="AUT">
                <time/>
                <assignedAuthor classCode="ASSIGNED">
                  <id root="1847342921"/>
                </assignedAuthor>
              </author>
              <author>
                <time/>
                <assignedAuthor/>
              </author>
            </observation>
          </entry>
        </section>
      </component>
    </structuredBody>
  </component>
</ClinicalDocument>
```

3

SECTION TEMPLATES

Topics:

• Billing

Billing

[Section: templateId 2.16.840.1.113883.17.3.10.1.5]

- 1. SHALL contain zero or one [0..1] code/@code="67659#3" (CodeSystem: 2.16.840.1.113883.6.1 LOINC)
- 2. SHALL contain exactly one [1..1] levelOfService
 - a. This levelOfService SHALL contain exactly one [1..1] code/@code="67556#1" (CodeSystem: 2.16.840.1.113883.6.1 LOINC)
 - **b.** This levelOfService **SHALL** contain zero or more [0..*] **value**, which **SHALL** be selected from ValueSet 2.16.840.1.113883.17.3.5.71 *EMSBillingCondition* **STATIC**, where its data type is CD
- **3.** Contains zero or one [0..1] billingCondition
 - **a.** This billingCondition **SHALL** contain exactly one [1..1] **code**, which **SHALL** be selected from ValueSet 2.16.840.1.113883.17.3.5.71 *EMSBillingCondition* **STATIC**
 - **b.** This billingCondition **SHALL** contain zero or more [0..*] **value**, where its data type is CD

emspcr::Billing								
/cda: Clinical Document/cda: component/cda: structured Body/cda: component/cda: section [cda: template Id/@root = 2.16.840.1.113883.17.3.10.1.5]/								
Name	XPath	Cardinality	Severity	Nullable	Data Type	Conformance	Value(s)	
classCode	@classCode	01		NO	ActClass		DOCSECT	
moodCode	@moodCode	01		NO	ActMood		EVN	
nullFlavor	@nullFlavor	01		NO	NullFlavor		ASKU	
sectionId	@sectionId	01		NO	String			
code	code	01	SHALL	YES	CE		LOINC 2.16.840.1.113883 67659#3	.6.
confidentialityCo	confidentialityCoc	e 01		YES	СЕ			
id	id	01		YES	П			
languageCode	languageCode	01		YES	CS			
realmCode	realmCode	0*		YES	CS			
templateId	templateId	0*		YES	П		2.16.840.1.113883	.17
title	title	01		YES	ST			
author	author	0*		YES	Author			
billingCondition	billingCondition	01		YES	BillingCondition			
component	component	0*		YES	Component5			
entry	entry	0*		YES	Entry			
informant	informant	0*		YES	Informant12			
levelOfService	levelOfService	11	SHALL	YES	LevelOfService			
subject	subject	01		YES	Subject			
text	text	01		YES	StrucDocText			

emspcr::Billing							
/cda:ClinicalDoc	ument/cda:compor	nent/cda:structure	dBody/cda:compo	nent/cda:section[cd	la:templateId/@ro	ot = 2.16.840.1.113	3883.17.3.10.1.5]/
Name	XPath	Cardinality	Severity	Nullable	Data Type	Conformance	Value(s)
typeId	typeId	01		YES	InfrastructureRoot	TypeId	

Billing example

```
<?xml version="1.0" encoding="UTF-8"?>
<section xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns="urn:h17-</pre>
org:v3" xsi:schemaLocation="urn:hl7-org:v3 CDA.xsd">
  <templateId root="2.16.840.1.113883.17.3.10.1.5"/>
  <id root="497634068"/>
  <code code="67659#3" codeSystem="2.16.840.1.113883.6.1"</pre>
 codeSystemName="LOINC"/>
  <title/>
  <entry>
    <observation>
      <id root="1657331315"/>
      <code code="1992380984"/>
      <effectiveTime>
        <low value="2012"/>
        <high value="2012"/>
      </effectiveTime>
    </observation>
  </entry>
  <entry>
    <observation>
      <id root="1276290393"/>
      <code code="72714789"/>
      <effectiveTime>
        <low value="2012"/>
        <high value="2012"/>
      </effectiveTime>
    </observation>
  </entry>
</section>
```

4

CLINICAL STATEMENT TEMPLATES

This section of the Implementation Guide details the clinical statement entries referenced in the document section templates. The clinical statement entry templates are arranged alphabetically.

5

OTHER CLASSES

This section of the Implementation Guide describes other classes that are not CDA Clinical Documents, Sections, or Clinical Statements.



VALUE SETS

Topics:

- EMS Billing Condition
- EMS Level Of Service

The following tables summarize the value sets used in this Implementation Guide.

EMS Billing Condition

Value Set	EMSBillingCondition - 2.16.840.1.113883.17.3.5.71
Code System	LOINC - 2.16.840.1.113883.6.1

EMS Level Of Service

Value Set	EMSLevelOfService - 2.16.840.1.113883.17.3.5.70
Code System	LOINC - 2.16.840.1.113883.6.1

REFERENCES

- HL7 Implementation Guide: CDA Release 2 Continuity of Care Document (CCD) A CDA implementation of ASTM E2369-05 Standard Specification for Continuity of Care Record[©] (CCR) April 01, 2007 available through HL7.
- HL7 Implementation Guide for CDA Release 2 Quality Reporting Document Architecture (QRDA) Draft Standard for Trial Use March 2009. Available at: *Quality Reporting Document Architecture (QRDA)*
- HL7 Implementation Guide for CDA Release 2 CDA for Public Health Case Reports (PHCR) Informative Standard October 2009. Available through *HL7*.
- HL7 Implementation Guide for CDA Release 2: NHSN Healthcare Associated Infection (HAI) Reports, Release 2 Draft Standard for Trial Use January 2009 Available at: NHSN Healthcare Associated Infection (HAI) Reports
- Dolin RH, Alschuler L, Boyer S, Beebe C, Behlen FM, Biron PV, Shabo A, (Editors). HL7 Clinical Document Architecture, Release 2.0. ANSI-approved HL7 Standard; May 2005. Ann Arbor, Mich.: Health Level Seven, Inc. Available through *HL7* or if an HL7 member with the following link: *CDA Release 2 Normative Web Edition*.
- LOINC®: Logical Observation Identifiers Names and Codes, Regenstrief Institute.
- SNOMED CT®: SNOMED Clinical Terms SNOMED International Organization.
- Extensible Markup Language, www.w3.org/XML.
- Dolin RH, Alschuler L, Boyer S, Beebe C, Behlen FM, Biron PV, Shabo A., HL7 Clinical Document Architecture, Release 2. J Am Med Inform Assoc. 2006;13:30-39. Available at: http://www.jamia.org/cgi/reprint/13/1/30.
- Using SNOMED CT in HL7 Version 3; Implementation Guide, Release 1.5. Available through *HL7* or if an HL7 member with the following link: *Using SNOMED CT in HL7 Version 3*