# CCD: XML Example

This an example of a CCD generated for a care transition from a PCP to a Geriatrician.

# Header

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| Patient | |
| Identifiers | Name: Nikolai Bellic SSN: 123-456-7890  Address: 100 Marshall Lane, Springfield, VA 22153  Telephone: (571) 555-0189 |
| Gender | M  Male  Code System = AdministrativeGender (2.16.840.1.113883.5.1) |
| Date of Birth | 03/16/1933 |
| Marital Status | M  Married  Code System = MaritalStatus (2.16.840.1.113883.5.2) |
| Religion | 1041  Roman Catholic  Code System = ReligiousAffiliation (2.16.840.1.113883.5.1076) |
| Race | 2106-3  White  Code System = OMB Standards for Race and Ethnicity (2.16.840.1.113883.6.238) |
| Ethnic Group | 2186-5  Not Hispanic or Latino  Code System = OMB Standards for Race and Ethnicity (2.16.840.1.113883.6.238) |
| Language | En  English  Code System = LanguageCode (2.16.840.1.113883.1.11.11526) |

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| Author | |
| Identifiers | Physician ID: 12345  Code System = NPI (2.16.840.1.113883.4.6 ) |
| Provider type code | 207QA0505X Adult Medicine  Code System = NUCC (2.16.840.1.113883.6.101) |
| Author | Name: Raymond Boccino, MD  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 ext. 221 |

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| Data Enterer | |
| Identifiers | Organizational ID: 1.1.1.1.1.1.1.1.2  ID: 678910 |
| Provider type code | 364SA2200X Adult Health  Code System = NUCC (2.16.840.1.113883.6.101) |
| Data Enterer | Name: Mallory Bardas, RN  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 ext. 222 |

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| Custodian | |
| Identifiers | Organizational ID: 1.1.1.1.1.1.1.1.2 |
| Organization | Name: Primo Adult Health  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 |

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| Information Recipient | |
| Identifiers | Physician ID: 23456  Code System = NPI (2.16.840.1.113883.4.6 ) |
| Facility type code | 207QG0300X Geriatric Medicine  Code System = NUCC (2.16.840.1.113883.6.101) |
| Information Recipient | Name: Bernard Crane, MD |
| Organization | Name: Springfield Geriatric Associates  Address: 202 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0165 |

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| Legal Authenticator | |
| Identifiers | Organizational ID: 1.1.1.1.1.1.1.1.2  Physician ID: 12345 |
| Provider type code | 207QA0505X Adult Medicine  Code System = NUCC (2.16.840.1.113883.6.101) |
| Legal Authenticator | Name: Raymond Boccino, MD  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 ext. 221 |

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| Participant (Support) | |
| Individual role code | PRS Personal Relationship  Code System = RoleClass (2.16.840.1.113883.5.110) |
| Participant | Name: Kathleen McReary  Address: 100 Marshall Lane, Springfield, VA 22153  Telephone: (571) 555-0189 |

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| Service Event | |
| Service event time period | 03/16/1933 – 11/26/2012 |
| Key Care Team Member: Cardiologist | Physician ID: 34567  Provider type code: 207RC0000X (Cardiovascular Disease)  Name: Dwayne Forge, MD  Address: 209 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0155 |
| Key Care Team Member: PCP | Physician ID: 12345  Provider type code: 207QA0505X (Adult Medicine)  Provider participation code: 10281 (PCP)  Name: Raymond Boccino, MD  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 ext. 221 |

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| Encounter | |
| Encounter date | 11/26/2012 2:00pm-2:36pm |
| Encounter location | ID: 72d4bb19-aeb5-42ae-a07a-fb537d4fcd17  Facility type code: 261QP2300X (Primary Care)  Name: Primo Adult Health  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 |
| Care team member responsible for encounter: PCP | Physician ID: 12345  Provider type code: 207QA0505X (Adult Medicine)  Provider participation code: 10281 (PCP)  Name: Raymond Boccino, MD  Address: 1400 Main Street Ste G, Springfield, VA 22150  Telephone: (571) 555-0179 ext. 221 |

# Body

## Advance Directives

Narrative Description

No advance directives exist for this patient.

## Allergies

Narrative Description

* Allergy to Penicillin drugs
* Allergy to Bee Pollen

Coded Data

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| Allergy to Penicillin drugs (medication allergy) | |
| Type of Allergy | 416098002 drug allergy  Code System = SNOMED CT (2.16.840.1.113883.6.96) |
| Drug | 70618  Penicillin  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Reaction | 247472004 Hives  Code System = SNOMED CT (2.16.840.1.113883.6.96) |
| Severity | 6736007  Moderate  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Allergy to Bee Pollen (substance allergy) | |
| Type of Allergy | 419199007 allergy to substance  Code System = SNOMED CT (2.16.840.1.113883.6.96) |
| Substance | 3729L8MA2C  Bee Pollen  Code System = UNII (2.16.840.1.113883.4.9) |
| Reaction | 417516000 Anaphylaxis due to substance  Code System = SNOMED CT (2.16.840.1.113883.6.96) |
| Severity | 24484000  severe  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

## Reason for Visit

Narrative Description

Recent falls

## Family History

Narrative Description

Non-contributory

## Functional Status

Narrative Description

Cognitive impairment. Patient uses cane for walking.

## Immunizations

Narrative Description

* Influenza, seasonal, injectable, preservative free

Coded Data

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| Immunization | |
| Visit Date | 09/21/2012 |
| Immunization Information | 140  Influenza, seasonal, injectable, preservative free  Code System = Vaccines administered (2.16.840.1.113883.12.292) |
| Manufacturer | Influenza Vaccine Company |

## Instructions

Narrative Description

Patient is to schedule follow-up appointment with PCP after consultation.

## Medications

Narrative Description

* Lisinopril - 20mg by mouth once daily
* Lasix - 40mg by mouth once daily
* K-Dur - 10mEq/L by mouth once daily
* Norvasc - 10mg by mouth once daily
* Zocor - 40mg by mouth once daily before bed
* Lantus - 36 units once daily before bed
* gliburide - 2.5mg by mouth once daily
* synthroid - 0.1mg by mouth once daily
* Aleve - 220mg by mouth twice daily
* Ultram - 50mg by mouth four times daily as needed for joint pain
* Aspirin - 81mg by mouth once daily
* Lopressor - 50mg by mouth twice daily
* Flomax - 0.4mg by mouth once daily
* Proscar - 5mg by mouth once daily
* Neurontin - 300mg by mouth three times daily
* Ativan - 1mg by mouth three times daily as needed for irritability
* miodarone - 200mg by mouth two times daily
* Coumadin - 5mg by mouth every other day starting 11/1/2012
* Coumadin - 2.5mg by mouth every other day starting 11/2/2012
* Ambien - 5mg by mouth once daily before bed

Coded Data

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| Medication List | |
| Medication Information | 314077 Lisinopril 20 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 313988 Furosemide 40 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 706459 K-Dur 10 MEQ Extended Release Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 308135 amLODIPine 10 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 198211 Simvastatin 40 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 311041 Insulin Glargine 100 UNT/ML Injectable Solution  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 861748 glyBURIDE 2.5 MG / metFORMIN hydrochloride 500 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 892246 Levothyroxine Sodium 0.1 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 1112231 Naproxen sodium 220 MG Oral Capsule  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 835603 traMADol hydrochloride 50 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 308416 Aspirin 81 MG Enteric Coated Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 866514 Metoprolol Tartrate 50 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 863671 Flomax 0.4 MG Oral Capsule  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 201961 Proscar 5 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 105029 Neurontin 300 MG Oral Capsule  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 197900 LORazepam 0.5 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 833530 Cordarone 200 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 855332 Warfarin Sodium 5 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 855312 Warfarin Sodium 2.5 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |
| Medication Information | 854878 Ambien 5 MG Oral Tablet  Code System = RxNorm (2.16.840.1.113883.6.88) |

## Plan of Care

Narrative Description

I have discussed this request for geriatric assessment and management with the patient and his wife who agree with this plan.

## Problem

Narrative Description

* Hypertension
* Hyperlipidemia
* Type II Diabetes
* Chronic Kidney Disease Stage III
* Hypothyroidism
* Coronary Artery Disease
* Benign prostatic hyperplasia
* Atrial fibrillation
* Diabetic neuropathy
* Generalized obesity
* Insomnia

Coded Data

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| Hypertension | |
| Date Diagnosed | 05/01/2005 |
| Problem | 5962100  Essential Hypertension  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Hyperlipidemia | |
| Date Diagnosed | 05/01/2005 |
| Problem | 5582204  Hyperlipidemia  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Type II Diabetes | |
| Date Diagnosed | 11/01/2008 |
| Problem | 44054006  Diabetes Mellitus Type II  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Chronic Kidney Disease Stage III | |
| Date Diagnosed | 01/01/2009 |
| Problem | 433144002  Chronic Kidney Disease Stage III  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| 5 Hypothyroidism | |
| Date Diagnosed | 11/01/2006 |
| Problem | 40930008  Hypothyroidism  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Coronary Artery Disease | |
| Date Diagnosed | 07/01/2009 |
| Problem | 8957000  Coronary Artery Disease  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Benign prostatic hyperplasia | |
| Date Diagnosed | 04/01/2008 |
| Problem | 266569009  Benign prostatic hyperplasia  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Atrial fibrillation | |
| Date Diagnosed | 09/01/2010 |
| Problem | 49436004  Atrial fibrillation  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Diabetic neuropathy | |
| Date Diagnosed | 06/01/2006 |
| Problem | 230572002  Diabetic neuropathy  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Generalized obesity | |
| Date Diagnosed | 10/01/1997 |
| Problem | 238134004  Generalized obesity  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

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| Insomnia | |
| Date Diagnosed | 09/01/2011 |
| Problem | 193462001  Insomnia  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

## Procedures

Narrative Description

* EKG (2012/10/15)
* Cholecystectomy (2006/06/01)
* Cataract Removal (2004/02/01)
* Angioplasty with Stent Placement (2002/08/01)
* Coronary Bypass (1997/11/01)
* Total Knee Arthroplasty (1997/03/01)
* Tonsillectomy (1944)

Coded Data

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| EKG | |
| Procedure Code | 49038010  EKG  Code System = SNOMED CT (2.16.840.1.113883.6.96) |
| Date | 10/15/2012 2:30pm – 2:55pm |
| Performer | ID: 34567  Name: Dwayne Forge, MD  Address: 209 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0155 |
| Organization | ID: 1.1.1.1.1.1.1.1.3  Name: Open Heart Associates  Address: 209 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0155 |

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| Cholecystectomy | |
| Procedure Code | 47600  CHOLECYSTECTOMY  Code System = CPT-4 (2.16.840.1.113883.6.12) |
| Date | 06/01/2006 |
| Performer | ID: 56789  Name: Philip Bell, MD  Address: 422 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0138 |
| Organization | ID: 1.1.1.1.1.1.1.1.4  Name: Digestive Associates  Address: 422 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0138 |

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| Cataract Removal | |
| Procedure Code | 66983  ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG  Code System = CPT-4 (2.16.840.1.113883.6.12) |
| Date | 02/01/2004 |
| Performer | ID: 45678  Name: Marybeth Choy, OD  Address: 310 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0149 |
| Organization | ID: 1.1.1.1.1.1.1.1.5  Name: Vision Institute  Address: 310 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0149 |

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| Angioplasty with Stent Placement | |
| Procedure Code | 37205  TCAT PLMT IV STENT PERCUTANEOUS 1ST VESSEL  Code System = CPT-4 (2.16.840.1.113883.6.12) |
| Date | 08/01/2002 |
| Performer | ID: 34567  Name: Dwayne Forge, MD  Address: 209 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0155 |
| Organization | ID: 1.1.1.1.1.1.1.1.3  Name: Open Heart Associates  Address: 209 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-0155 |

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| Coronary Bypass | |
| Procedure Code | 33512  CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS  Code System = CPT-4 (2.16.840.1.113883.6.12) |
| Date | 11/01/1997 |
| Performer | ID: 67890  Name: Elizabeth Torres, MD  Address: 400 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-8000 ext.420 |
| Organization | ID: 1.1.1.1.1.1.1.1.6  Name: Springfield University Hospital  Address: 400 County Line Rd, Springfield, VA 22150  Telephone: (571) 555-8000 |

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| Total Knee Arthroplasty | |
| Procedure Code | 27447  ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS  Code System = CPT-4 (2.16.840.1.113883.6.12) |
| Date | 03/01/1997 |

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| Tonsillectomy | |
| Procedure Code | 42825  TONSILLECTOMY ONE-HALF <AGE 12  Code System = CPT-4 (2.16.840.1.113883.6.12) |
| Date | 1944 |

## Reason for Referral

Narrative Description

Geriatric assessment and management for concerns about dementia and falling

## Results

Narrative Description

* TSH - 6 mIU/L (abnormal, high)
* Hgb a1c - 8% (abnormal, high)
* Creatinine – 2.0 mg/dL (abnormal, high)
* INR - 3.5 (abnormal, high)
* Echo EF - 55% (normal)
* Aortic Valve - 1.5 cm2, Stage II diastolic dysfunction (abnormal)
* EKG Impression - EKG rate 60s, A fib, LBBB

Coded Data

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| TSH | |
| Test Performed | 11579-0  Thyrotropin [Units/volume] in Serum or Plasma by Detection limit less than or equal to 0.05 mIU/L  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 3016-3 Thyrotropin [Units/volume] in Serum or Plasma  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | 6 mIU/L |
| Interpretation Code | A (abnormal)  H (high)  Code System = ObservationInterpretation (2.16.840.1.113883.5.83) |
| Reference Range | normal: 0.29–5.11 mIU/L |

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| Hgb A1c | |
| Test Performed | 4548-4 Hemoglobin A1c/Hemoglobin.total in Blood  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 4548-4 Hemoglobin A1c/Hemoglobin.total in Blood  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | 8 % |
| Interpretation Code | A (Abnormal)  H (High)  Code System = ObservationInterpretation (2.16.840.1.113883.5.83) |
| Reference Range | normal: 4-5.6% |

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| Creatinine | |
| Test Performed | 2160-0 Creatinine [Mass/volume] in Serum or Plasma  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 2160-0 Creatinine [Mass/volume] in Serum or Plasma  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | 2.0 mg/dL |
| Interpretation Code | A (Abnormal)  H (High)  Code System = ObservationInterpretation (2.16.840.1.113883.5.83) |
| Reference Range | <1.5 |

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| INR | |
| Test Performed | 6301-6 INR in Platelet poor plasma by Coagulation assay  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 6301-6 INR in Platelet poor plasma by Coagulation assay  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | 3.5 |
| Interpretation Code | A (Abnormal)  H (High)  Code System = ObservationInterpretation (2.16.840.1.113883.5.83) |
| Reference Range | Normal reference range 1.0-1.5; Targeted INR 2.0-3.0 |

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| Echo EF | |
| Test Performed | 34552-0  2D echocardiogram panel  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 18041-4 Aortic valve Ejection [Time] by US.doppler  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | 55% |
| Interpretation Code | N  Normal  Code System = ObservationInterpretation (2.16.840.1.113883.5.83) |
| Reference Range | 50-75% |

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| Aortic Valve | |
| Test Performed | 34552-0  2D echocardiogram panel  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 18089-3 AV Orifice Area US  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | 1.5 cm2 |
| Interpretation Code | A (Abnormal)  Code System = ObservationInterpretation (2.16.840.1.113883.5.83) |
| Reference Range | Normal (3.0-4.0 cm2), mild (1.5–2.0 cm2), moderate (1.0–1.5 cm2), severe (< 1.0 cm2) |

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| EKG Impression | |
| Test Performed | 34534-8  EKG 12 channel panel  Code System = LOINC (2.16.840.1.113883.6.1) |
| Result Code | 18844-1 EKG impression Narrative  Code System = LOINC (2.16.840.1.113883.6.1) |
| Observed Value | EKG rate 60s, A fib, LBBB |

## Social History

Narrative Description

* 50 pack year smoking history, quit 1997
* etoh (alcohol) daily, patient reports varies from 1 to many cocktails per day
* denies sexual activity due to impotence
* retired corporate executive

Coded Data

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| Smoking Status | |
| Code | 8517006 former smoker  Code System = SNOMED CT (2.16.840.1.113883.6.96) |

## Vital Signs

Narrative Description

* Height - 70 in
* Weight - 220 lb\_en
* BMI - 31.56 kg/m2 (obese)
* BP Systolic - 175 mmHg
* BP Diastolic - 90 mmHg
* Heart Rate - 90 mmHg
* Body Temp - 97.9 degF