

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:81-8034) such that it
 - a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.7.14" (CONF:81-10464).
2. **SHALL** contain exactly one [1..1] **code** (CONF:81-15393).
 - a. This code **SHALL** contain exactly one [1..1] **@code**="10223-6" Operative Note Surgical Procedure (CONF:81-15394).
 - b. This code **SHALL** contain exactly one [1..1] **@codeSystem**="2.16.840.1.113883.6.1" (CodeSystem: LOINC urn:oid:2.16.840.1.113883.6.1) (CONF:81-26487).
3. **SHALL** contain exactly one [1..1] **title** (CONF:81-8036).
4. **SHALL** contain exactly one [1..1] **text** (CONF:81-8037).
5. If the surgical procedure section is present there **SHALL** be text indicating the procedure performed (CONF:81-8054).

Figure 96: Operative Note Surgical Procedure Section Example

```
<section>
  <templateId root="2.16.840.1.113883.10.20.7.14"/>
  <code code="10223-6"
    codeSystem="2.16.840.1.113883.6.1"
    codeSystemName="LOINC"
    displayName="OPERATIVE NOTE SURGICAL PROCEDURE"/>
  <title>Surgical Procedure</title>
  <text>Laparoscopic Appendectomy</text>
</section>
```

2.45 Past Medical History (V3)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.20:2015-08-01 (open)]

Table 158: Past Medical History (V3) Contexts

Contained By:	Contains:
Consultation Note (V3) (optional) Discharge Summary (V3) (optional) History and Physical (V3) (required) Transfer Summary (V2) (optional) Referral Note (V2) (optional) Procedure Note (V3) (optional)	Problem Observation (V3) (optional)

This section contains a record of the patient's past complaints, problems, and diagnoses. It contains data from the patient's past up to the patient's current complaint or reason for seeking medical care.

Table 159: Past Medical History (V3) Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value
section (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.2.20:2015-08-01)					
templateId	1..1	SHALL		1198-7828	
@root	1..1	SHALL		1198-10390	2.16.840.1.113883.10.20.22.2.20
@extension	1..1	SHALL		1198-32536	2015-08-01
code	1..1	SHALL		1198-15474	
@code	1..1	SHALL		1198-15475	11348-0
@codeSystem	1..1	SHALL		1198-30831	urn:oid:2.16.840.1.113883.6.1 (LOINC) = 2.16.840.1.113883.6.1
title	1..1	SHALL		1198-7830	
text	1..1	SHALL		1198-7831	
entry	0..*	MAY		1198-8791	
observation	1..1	SHALL		1198-15476	Problem Observation (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.4:2015-08-01)

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:1198-7828) such that it
 - a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.22.2.20" (CONF:1198-10390).
 - b. **SHALL** contain exactly one [1..1] **@extension**="2015-08-01" (CONF:1198-32536).
2. **SHALL** contain exactly one [1..1] **code** (CONF:1198-15474).
 - a. This code **SHALL** contain exactly one [1..1] **@code**="11348-0" History of Past Illness (CONF:1198-15475).
 - b. This code **SHALL** contain exactly one [1..1] **@codeSystem**="2.16.840.1.113883.6.1" (CodeSystem: LOINC urn:oid:2.16.840.1.113883.6.1) (CONF:1198-30831).
3. **SHALL** contain exactly one [1..1] **title** (CONF:1198-7830).
4. **SHALL** contain exactly one [1..1] **text** (CONF:1198-7831).
5. **MAY** contain zero or more [0..*] **entry** (CONF:1198-8791) such that it
 - a. **SHALL** contain exactly one [1..1] [Problem Observation \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.4:2015-08-01) (CONF:1198-15476).

Figure 97: Past Medical History (V3) Example

```
<section>
  <templateId root="2.16.840.1.113883.10.20.22.2.20" extension="2015-08-01" />
  <!-- ** History of Past Illness Section ** -->
  <code codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" code="11348-0"
displayName="HISTORY OF PAST ILLNESS" />
  <title>PAST MEDICAL HISTORY</title>
  <text>
    <paragraph>Patient has had ..... </paragraph>
  </text>
  <entry>
    <!-- Sample With Problem Observation. -->
    <observation classCode="OBS" moodCode="EVN">
      <!-- Problem Observation -->
      ...

    </observation>
  </entry>
</section>
```

2.46 Payers Section (V3)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.18:2015-08-01
(open)]

Table 160: Payers Section (V3) Contexts

Contained By:	Contains:
Continuity of Care Document (CCD) (V3) (optional) Transfer Summary (V2) (optional)	Coverage Activity (V3) (optional)

The Payers Section contains data on the patient's payers, whether "third party" insurance, self-pay, other payer or guarantor, or some combination of payers, and is used to define which entity is the responsible fiduciary for the financial aspects of a patient's care.

Each unique instance of a payer and all the pertinent data needed to contact, bill to, and collect from that payer should be included. Authorization information that can be used to define pertinent referral, authorization tracking number, procedure, therapy, intervention, device, or similar authorizations for the patient or provider, or both should be included. At a minimum, the patient's pertinent current payment sources should be listed.

The sources of payment are represented as a Coverage Activity, which identifies all of the insurance policies or government or other programs that cover some or all of the patient's healthcare expenses. The policies or programs are sequenced by preference. The Coverage Activity has a sequence number that represents the preference order. Each policy or program identifies the covered party with respect to the payer, so that the identifiers can be recorded.