

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.

Table 161: Payers Section (V3) Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value
section (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.2.18:2015-08-01)					
templateId	1..1	SHALL		1198-7924	
@root	1..1	SHALL		1198-10434	2.16.840.1.113883.10.20.22.2.18
@extension	1..1	SHALL		1198-32597	2015-08-01
code	1..1	SHALL		1198-15395	
@code	1..1	SHALL		1198-15396	48768-6
@codeSystem	1..1	SHALL		1198-32149	urn:oid:2.16.840.1.113883.6.1 (LOINC) = 2.16.840.1.113883.6.1
title	1..1	SHALL		1198-7926	
text	1..1	SHALL		1198-7927	
entry	0..*	SHOULD		1198-7959	
act	1..1	SHALL		1198-15501	Coverage Activity (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.60:2015-08-01)

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:1198-7924) such that it
 - a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.22.2.18" (CONF:1198-10434).
 - b. **SHALL** contain exactly one [1..1] **@extension**="2015-08-01" (CONF:1198-32597).
2. **SHALL** contain exactly one [1..1] **code** (CONF:1198-15395).
 - a. This code **SHALL** contain exactly one [1..1] **@code**="48768-6" Payers (CONF:1198-15396).
 - 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:1198-32149).
3. **SHALL** contain exactly one [1..1] **title** (CONF:1198-7926).
4. **SHALL** contain exactly one [1..1] **text** (CONF:1198-7927).
5. **SHOULD** contain zero or more [0..*] **entry** (CONF:1198-7959) such that it
 - a. **SHALL** contain exactly one [1..1] [Coverage Activity \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.60:2015-08-01) (CONF:1198-15501).

Figure 98: Payers Section (V3) Example

```

<section>
  <templateId root="2.16.840.1.113883.10.20.22.2.18" extension="2015-08-01" />
  <!-- ***** Payers section template ***** -->
  <code code="48768-6" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC"
displayName="Payers" />
  <title>Insurance Providers</title>
  <text>
    . . .
  </text>
  <entry typeCode="DRIV">
    <act classCode="ACT" moodCode="DEF">
      <templateId root="2.16.840.1.113883.10.20.22.4.60" extension="2015-08-01" />
      <!-- **** Coverage entry template **** -->
      ...

    </act>
  </entry>
</section>

```

2.47 Physical Exam Section (V3)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.2.10:2015-08-01
(open)]

Table 162: Physical Exam Section (V3) Contexts

Contained By:	Contains:
Consultation Note (V3) (optional) History and Physical (V3) (required) Transfer Summary (V2) (optional) Referral Note (V2) (optional) Progress Note (V3) (optional) Procedure Note (V3) (optional)	Longitudinal Care Wound Observation (V2) (optional)

The section includes direct observations made by a clinician. The examination may include the use of simple instruments and may also describe simple maneuvers performed directly on the patient's body. It also includes observations made by the examining clinician using only inspection, palpation, auscultation, and percussion. It does not include laboratory or imaging findings.

The exam may be limited to pertinent body systems based on the patient's chief complaint or it may include a comprehensive examination. The examination may be reported as a collection of random clinical statements or it may be reported categorically.

The Physical Exam Section may contain multiple nested subsections.