

**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:
<a href="#">Consultation Note (V3)</a> (optional) <a href="#">History and Physical (V3)</a> (required) <a href="#">Transfer Summary (V2)</a> (optional) <a href="#">Referral Note (V2)</a> (optional) <a href="#">Progress Note (V3)</a> (optional) <a href="#">Procedure Note (V3)</a> (optional)	<a href="#">Longitudinal Care Wound Observation (V2)</a> (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.

**Table 163: Physical Exam Section (V3) Constraints Overview**

XPath	Card.	Verb	Data Type	CONF#	Value
section (identifier: urn:hl7ii:2.16.840.1.113883.10.20.2.10:2015-08-01)					
templateId	1..1	SHALL		<a href="#">1198-7806</a>	
@root	1..1	SHALL	UID	<a href="#">1198-10465</a>	2.16.840.1.113883.10.20.2.10
@extension	1..1	SHALL		<a href="#">1198-32587</a>	2015-08-01
code	1..1	SHALL		<a href="#">1198-15397</a>	
@code	1..1	SHALL		<a href="#">1198-15398</a>	29545-1
@codeSystem	1..1	SHALL		<a href="#">1198-30931</a>	urn:oid:2.16.840.1.113883.6.1 (LOINC) = 2.16.840.1.113883.6.1
title	1..1	SHALL		<a href="#">1198-7808</a>	
text	1..1	SHALL		<a href="#">1198-7809</a>	
entry	0..*	MAY		<a href="#">1198-31926</a>	
observation	1..1	SHALL		<a href="#">1198-31927</a>	<a href="#">Longitudinal Care Wound Observation (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.114:2015-08-01)</a>
component	0..*	MAY		<a href="#">1198-32434</a>	
section	1..1	SHALL		<a href="#">1198-32435</a>	
code	1..1	SHALL		<a href="#">1198-32436</a>	urn:oid:2.16.840.1.113883.11.20.9.65 (Physical Exam Type)
title	1..1	SHALL		<a href="#">1198-32437</a>	
text	1..1	SHALL		<a href="#">1198-32438</a>	

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:1198-7806) such that it
  - a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.2.10" (CONF:1198-10465).
  - b. **SHALL** contain exactly one [1..1] **@extension**="2015-08-01" (CONF:1198-32587).
2. **SHALL** contain exactly one [1..1] **code** (CONF:1198-15397).
  - a. This code **SHALL** contain exactly one [1..1] **@code**="29545-1" Physical Findings (CONF:1198-15398).

- 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:1198-30931).
- 3. **SHALL** contain exactly one [1..1] **title** (CONF:1198-7808).
- 4. **SHALL** contain exactly one [1..1] **text** (CONF:1198-7809).
- 5. **MAY** contain zero or more [0..\*] **entry** (CONF:1198-31926) such that it
  - a. **SHALL** contain exactly one [1..1] Longitudinal Care Wound Observation (V2)  
(identifier: urn:hl7ii:2.16.840.1.113883.10.20.22.4.114:2015-08-01)  
(CONF:1198-31927).
- 6. **MAY** contain zero or more [0..\*] **component** (CONF:1198-32434) such that it
  - a. **SHALL** contain exactly one [1..1] **section** (CONF:1198-32435).
    - i. This section **SHALL** contain exactly one [1..1] **code**, which **SHOULD** be selected  
from ValueSet Physical Exam Type  
urn:oid:2.16.840.1.113883.11.20.9.65 **DYNAMIC** (CONF:1198-32436).
    - ii. This section **SHALL** contain exactly one [1..1] **title** (CONF:1198-32437).
    - iii. This section **SHALL** contain exactly one [1..1] **text** (CONF:1198-32438).

**Table 164: Physical Exam Type**

Value Set: Physical Exam Type urn:oid:2.16.840.1.113883.11.20.9.65 (Clinical Focus: Document section types that may be used under the Physical Examination section of C-CDA.),(Data Element Scope: C-CDA r2.1 Component in Physical Exam Section (V3)[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.2.10:2015-08-01 (open)] STATIC),(Inclusion Criteria: Specified LOINC concepts with Scale:Nar and Class:H&P.PX and selected concepts with Scale:Nom or DOC),(Exclusion Criteria: Only as in inclusion)  This value set was imported on 6/26/2019 with a version of 20190114. Value Set Source: <a href="https://vsac.nlm.nih.gov/valueset/2.16.840.1.113883.11.20.9.65/expansion">https://vsac.nlm.nih.gov/valueset/2.16.840.1.113883.11.20.9.65/expansion</a>			
Code	Code System	Code System OID	Print Name
10190-7	LOINC	urn:oid:2.16.840.1.113883.6.1	Mental status Narrative
10191-5	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Abdomen Narrative
10192-3	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Back Narrative
10193-1	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Breasts Narrative
10194-9	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Neurologic deep tendon reflexes Narrative
10195-6	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Ear Narrative
10196-4	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Extremities Narrative
10197-2	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Eye Narrative
10198-0	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Genitourinary tract Narrative
10199-8	LOINC	urn:oid:2.16.840.1.113883.6.1	Physical findings of Head Narrative
...			

**Figure 99: Physical Exam Section (V3) Example**

```
<component>
  <section>
    <templateId root="2.16.840.1.113883.10.20.2.10" extension="2015-08-01" />
    <code codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" code="29545-1"
displayName="Physical Findings" />
    <title>Physical Examination</title>
    <!--**10.4.1 Physical Exam at Transfer -->
    <text>
      <list listType="ordered">
        <item>Recurrent GI bleed of unknown etiology; hypotension perhaps
          secondary to this but as likely secondary to polypharmacy.</item>
        <item>Acute on chronic anemia secondary to #1.</item>
        <item>Azotemia, acute renal failure with volume loss secondary to
          #1.</item>
        <item>Hyperkalemia secondary to #3 and on ACE and K+ supplement.</item>
        <item>Other chronic diagnoses as noted above, currently stable.</item>
      </list>
    </text>
    ...
  </section>
</component>
```

## 2.48 Plan of Treatment Section (V2)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.10:2014-06-09  
(open) ]

**Table 165: Plan of Treatment Section (V2) Contexts**

Contained By:	Contains:
<a href="#">Consultation Note (V3)</a> (optional) <a href="#">Continuity of Care Document (CCD) (V3)</a> (optional) <a href="#">Discharge Summary (V3)</a> (required) <a href="#">History and Physical (V3)</a> (optional) <a href="#">Transfer Summary (V2)</a> (optional) <a href="#">Referral Note (V2)</a> (optional) <a href="#">Progress Note (V3)</a> (optional) <a href="#">Procedure Note (V3)</a> (optional) <a href="#">Operative Note (V3)</a> (optional)	<a href="#">Goal Observation</a> (optional) <a href="#">Nutrition Recommendation</a> (optional) <a href="#">Planned Act (V2)</a> (optional) <a href="#">Planned Encounter (V2)</a> (optional) <a href="#">Planned Procedure (V2)</a> (optional) <a href="#">Planned Observation (V2)</a> (optional) <a href="#">Planned Supply (V2)</a> (optional) <a href="#">Planned Medication Activity (V2)</a> (optional) <a href="#">Handoff Communication Participants</a> (optional) <a href="#">Instruction (V2)</a> (optional) <a href="#">Planned Immunization Activity</a> (optional)

This section, formerly known as "Plan of Care", contains data that define pending orders, interventions, encounters, services, and procedures for the patient. It is limited to prospective, unfulfilled, or incomplete orders and requests only. These are indicated by the @moodCode of the entries within this section. All active, incomplete, or pending orders, appointments, referrals, procedures, services, or any other pending event of clinical significance to the current care of the patient should be listed.

Clinical reminders are placed here to provide prompts for disease prevention and management, patient