2015 Cures Update Test Data for 170.315 (b) (7) - Security tags – Summary of Care (send)

Ambulatory Setting

1. **Introduction**

This document contains sample test data that can be used for the certification towards 2015 objective 170.315(b)(7). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to create a summary care record formatted according to the Consolidated CDA (C-CDA) Release 2.1 that is tagged at the document, section, and entry levels.

1. Test of 45 CFR 170.315 (b) (7)

“Security tags – Summary of Care (send)” (§ 170.315(b)(7)) includes capabilities for creating a summary of care record formatted to the C-CDA standard and that is tagged as restricted and subject to restrictions on re-disclosure according to the DS4P standard at the document, section, and entry (data element) level, or at the document-level for the period until 24-months after publication date of the Final Rule.

1. Summary of test data presented herein

**Conventions used in the document:**

1. The test data outlined below has both required and optional data that is specified to help the vendors create C-CDA’s with the appropriate context and follow the HL7 C-CDA best practices. The optional data is indicated by enclosing them in [ ]. For e.g. [Medical Record Custodian] or [Allergy Substance].
   1. When a narrative or text block is surrounded by [ ] the entire narrative block is optional.
   2. When a column heading is surrounded by [ ] the data represented by the column is optional. For e.g. [ Allergy Substance ], the display name is optional.
   3. When the data within a table cell is surrounded by [ ] the data within the cell is optional. For e.g. The information recipient Dr Albert Davis is optional from a certification standpoint. Vendors can include it in their C-CDA’s to comply with HL7 C-CDA IG and best practices.

|  |  |
| --- | --- |
| [ Information Recipient ] | [ Dr Albert Davis ] |

* 1. The C-CDA IG allows display names and text elements to be optionally included in the structured entries. Hence the above optional markings designated by [ ] in the test data are with respect to the structured entries in the XML. If a certification criteria requires visual display of the structured data (for e.g View, Download and Transmit - VDT), then the vendors have to display the coded data elements in their English representation. For example Medication Name, Problem Name, Vital Sign Name which are English representations of the coded data have to be displayed for the VDT criteria even though they are marked optional in the test data.

1. Additional clarifications are added with the keyword “**Note**”.
2. Data that needs to be visually inspected by the ATL’s in the generated C-CDA’s are indicated by the key word “**Visual Inspection”.**
3. Guidance for No Information Sections: When the test data instructions specify “No Information” for certain data elements, vendors are expected to use the HL7 recommended best practices to represent the information. However vendors don’t have to include sections and entries not required by the document template to represent “No information”.

To exemplify 170.315 (b) (7), the following clinical scenario will be employed.

**Document Narrative:**

[ Ms. Alice Newman is a 45 year old female with a history of Hypertension, Hypothyroidism, Iron deficiency and is a recipient of Renal Allograft visits Neighborhood Physicians Practice on 6/22/2015 at 10am EST. The patient disclosed history of nausea, loose stools and weakness. After initial examination the patient was found to have fever, she was administered necessary medications and after examining the history of the patient and the lab results, the doctor suspected anemia. So the patient was referred to Community Health Hospitals an Inpatient facility to get appropriate treatment and was asked to watch for appropriate changes in body temperature, blood pressure and take nebulizer treatment as needed. ]

**Note**: The test data provided in the document was captured during this encounter including historical data. The contextual data provided is to help the vendors create their C-CDA documents using appropriate data. Vendors can ignore the contextual data if it is not required for C-CDA generation; however the generated C-CDA is expected to contain the data relevant to the criteria as specified in the regulation.

1. **Header Data**

**Note**: The following data is part of the medical record header identifying the contextual information necessary when exchanging data.

1. Patient Demographics

| **CCDS Data Elements** | **Contextual Data Elements required for the Medical Record encoding to C-CDA IG** | **Details** | **Additional Information** |
| --- | --- | --- | --- |
| Patient Name |  | First Name: Alice  Last Name: Newman  Middle Name: Jones  Previous Name: Alicia  Suffix: | The Previous Name specified is the Patient’s Birth Name and should be coded accordingly. |
| Sex |  | Female (F) |  |
| Date of Birth |  | 5/1/1970 |  |
| Race |  | White (2106-3) |  |
| More Granular Race Code |  | 2108-9(White European) |  |
| Ethnicity |  | Not Hispanic or Latino (2186-5) |  |
| Preferred Language |  | English (en) |  |
|  | Home Address | 1357, Amber Dr, Beaverton, OR-97006 |  |
|  | Telephone Number | Mobile: 555-777-1234  Home: 555-723-1544 |  |

1. Relevant Information regarding the Visit

**Note:** The information in this table is provided for context and to help populate the required elements in the C-CDA Header along with any 2015 S&CC CCDS data elements.

| **CCDS Data Elements** | **Contextual Data Elements required for medical record encoding to C-CDA** | **Details** | **Additional Information** |
| --- | --- | --- | --- |
| Referring or Transitioning Providers Name |  | Full Name: Dr Albert Davis  First Name: Albert  Last Name: Davis |  |
| Office Contact Information |  | Full Name: Tracy Davis  First Name: Tracy  Last Name: Davis  Telephone: 555-555-1002  Address: 2472, Rocky place, Beaverton, OR-97006 |  |
|  | Author Information for Document Provenance | Person: Dr Albert Davis  Organization: Neighborhood Physicians Practice  Date: 6/22/2015  Telephone: 555-555-1002  Address: 2472, Rocky place, Beaverton, OR-97006 |  |
|  | [Legal Authenticator/Authenticator of Electronic Medical Record ] | [ Dr Albert Davis  Date: 6/22/2015 ] |  |
|  | [ System that generated the document ] | [ Neighborhood Physicians Practice EMR ] |  |
|  | [ Informants ] | [ Matthew Newman (Spouse)  First Name: Matthew  Last Name: Newman ] |  |
|  | [ Medical Record Custodian ] | [ Neighborhood Physicians Practice ] |  |
|  | [ Information Recipient ] | [ Dr Albert Davis ] |  |
|  | [ Visit Date ] | [ 6/22/2015 ] |  |
|  | Confidentiality Code | Restricted |  |
| Care Team Members | Care Team Members | Dr Albert Davis  Tracy Davis |  |
|  | [ Other Participants in event ] | [ Mr Rick Holler (Grand Parent)  First Name: Rick  Last Name: Holler  Mr Matthew Newman (Spouse)  First Name: Matthew  Last Name: Newman  (Mr Rick and Mr Matthew have the same address as Ms Alice) ] |  |
|  | [ Event Documentation Details or Documentation of Event ] | [ Dr Albert Davis  30 minute encounter  Event Code = Fever ] | [ Code for Fever Finding: 386661006 , Code System: SNOMED-CT ] |

1. **Body Data**

**Note**: The following data is part of the medical record details identifying the relevant clinical data captured as part of the visit.

1. Security and Privacy Prohibitions:
   1. Re-disclosure Notice Text: **(Visual Inspection)**
      1. “PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION”

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

* 1. Author Information
     1. Use the same author information provided in the header data.
  2. Confidentiality Information
     1. Restricted information
  3. Purpose of Use
     1. Treatment

1. Medication Allergies

**Note**: Medication Allergies are to be represented using the Allergies and Intolerances Section.

| Code | CodeSystem | [ Allergy Substance ] | Reaction | Severity | [Timing Information] | Concern Status |
| --- | --- | --- | --- | --- | --- | --- |
| 7980 (IN) | RxNorm | Penicillin G | Hives (code- 247472004, SNOMED-CT) | Moderate | Start Date – 5/10/1980, | Active |
| 733 (IN) | RxNorm | Ampicillin | Hives (code- 247472004, SNOMED-CT) | Moderate | Start Date – 5/10/1980, | Active |

1. Medications

**Note**: Timing information (Start and End Dates) are to be represented using the effectiveTime data element in the Medication Activity entry.

| Code | CodeSystem | [ Medication Name ] | [Timing Information] | Route | Frequency | Dose |
| --- | --- | --- | --- | --- | --- | --- |
| 309090  (SCD) | RxNorm | Ceftriaxone 100 MG/ML | 6/22/2015 – Start Date  6/30/2015 – End Date | Injectable | Two times daily | 1 unit |
| 209459 (SBD) | RxNorm | Tylenol 500mg | For 10 days, starting from 6/22/2015 | Oral | As needed | 1 unit |
| 731184 (SCD) | RxNorm | Darbepoetin Alfa 0.5 MG/ML | 6/22/2015 – Start Date  (No End Date) | Injectable | Once a week | 1 unit |

1. Problems

**Note**: Timing information is to be represented using the effectiveTime data element in the Problem Observation and Problem Concern entry as appropriate.

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  2. Confidentiality Information
     1. Restricted information
  3. Purpose of Use
     1. Treatment
  4. Entry Level Markings
     1. Empancipation Age Finding of the patient has be marked with “No Redisclosure with patient consent”.

| Code | CodeSystem | [ Problem Name ] | [Timing Information] | Concern Status |
| --- | --- | --- | --- | --- |
| 59621000 | SNOMED-CT | Essential hypertension (Disorder, ) | 10/5/2011 – Start Date | Active |
| 83986005 | SNOMED-CT | Severe Hypothyroidism (Disorder) | 12/31/2006 – Start Date | Active |
| 236578006 | SNOMED-CT | Chronic rejection of renal transplant (disorder) | 12/31/2011 – Start Date | Active |
| 386661006 | SNOMED-CT | Fever (finding) | 6/22/2015 – Start Date | Active |
| 192051000 | SNOMED-CT | Emancipation Age | 1/15/1980 | Completed |
| 238131007 | SNOMED-CT | Overweight (finding) | 12/31/2006 – Start Date,  6/1/2007 – End Date | Completed |

1. Encounter Diagnoses

| Code | CodeSystem | [ Description ] | Date Recorded | [ Service Delivery Location ] |
| --- | --- | --- | --- | --- |
| 386661006 | SNOMED-CT | Fever – Finding | 6/22/2015 | Neighborhood Physicians Practice  Address: 2472, Rocky place, Beaverton, OR-97006 |

1. Immunizations

**Note**: Additional Notes represent why the Immunization was cancelled and there are no specific notes applicable to the completed immunizations.

| Vaccine Code | CodeSystem | [ Vaccine Name ] | Date | Status | [Lot Number] | [Manufacturer Name] | Additional Notes |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 106 | CVX | Tetanus and diphtheria toxoids | 1/4/2012 | Completed | 2 | Immuno Inc. | N/A |
| 166 | CVX | influenza, intradermal, quadrivalent, preservative free | 6/22/2015 | Cancelled | No Lot number provided – Vendors need to use NullFlavor | Immuno Inc. | Immunization was not given - Patient rejected immunization |

1. Vital Signs

| Code | Code System | [ Vitals Name ] | Timing Information | Value and Units |
| --- | --- | --- | --- | --- |
| 8302-2 | LOINC | Height | 6/22/2015, [ 10:05 EST ] | Value=177  units=cm |
| 29463-7 | LOINC | Weight | 6/22/2015, [ 10:05 EST ] | Value=88  units=kg |
| 8462-4 (Diastolic) | LOINC | Blood Pressure-Diastolic | 6/22/2015, [ 10:08 EST ] | Value=88  units=mm[Hg] |
| 8480-6 (Systolic) | LOINC | Blood Pressure-Systolic | 6/22/2015, [ 10:08 EST ] | Value=145  units=mm[Hg] |
| 8867-4 | LOINC | Heart Rate | 6/22/2015  [ 10:10 EST ] | Value=80  Units=/min |
| 59408-5 | LOINC | O2 % BldC Oximetry | 6/22/2015  [ 10:12 EST ] | Value=95  units=% |
| 3150-0 | LOINC | Inhaled Oxygen Concentration | 6/22/2015  [10:12 EST] | Value=36  units=% |
| 8310-5 | LOINC | Body Temperature | 6/22/2015  [ 10:15 EST ] | Value=38  Units=Cel |
| 9279-1 | LOINC | Respiratory Rate | 6/22/2015  [ 10:15 EST ] | Value=18 units=/min |

1. Smoking Status and Tobacco Use

**Note**: The C-CDA IG specifies how Smoking Status has to be represented using a combination of Tobacco Use and Smoking Status templates. Vendors are expected to follow the C-CDA IG to encode these data elements appropriately.

| **Element Description** | **[ Description ]** | **Start Date** | **End Date** | **Code** | **Code System** |
| --- | --- | --- | --- | --- | --- |
| Historical Smoking Status | Heavy tobacco smoker | 5/1/2005 | 2/27/2011 | 428071000124103 | SNOMED-CT |
| Current Smoking Status | Current every day smoker | 6/22/2015 | - | 449868002 | SNOMED-CT |

1. Procedures

**Note**: Target Site is provided for context, vendors may or may not choose to include this as part of the C-CDA entries. Date is to be represented using the effectiveTime data element in the Procedure Activity Procedure entry.

| **Code** | **[ Procedure Name ]** | **[Date]** | **[ Target Site ]** | **Status** | **[ Service Delivery Location ]** |
| --- | --- | --- | --- | --- | --- |
| (56251003) – SNOMED-CT | Nebulizer Therapy | 6/22/2015 | 82094008-Lower Respiratory Tract Structure, Code System – SNOMED-CT | Completed | Neighborhood Physicians Practice  Telephone: 555-555-1002  Address: 2472, Rocky place, Beaverton, OR-97006 |
| 175135009 (SNOMED-CT) | Introduction of cardiac pacemaker system via vein | 10/5/2011 | 9454009 – Structure of subclavian vein, Code System - SNOMED-CT | Completed | Community Health Hospitals.  Telephone: 555-555-1003  Address: 3525, Newberry Avenue, Beaverton, OR-97006. |

1. Laboratory Tests

**Note**: The pending Urinanalysis lab test has no results yet and is a future event and has to be coded accordingly. The HL7 best practice to code a pending lab test is to represent it with a planned observation in the Plan of Treatment section.

| **Test Code** | **Code System** | **[ Name ]** | **Date** |
| --- | --- | --- | --- |
| 24357-6 | LOINC | Urinanalysis macro (dipstick) panel | 6/22/2015 |
| 24357-6 | LOINC | Urinanalysis macro (dipstick) panel | 6/29/2015 |

1. Laboratory Values/Results

**Note**: The results below correspond to the Urinanlysis lab test on 6/22/2015. Reference Ranges such as YELLOW are optional and vendors may or may not choose to include them as part of their C-CDA entries. Additionally when units are not present then the result value does not require any specific unit.

| **Result Code** | **Code System** | **[ Name ]** | **Result Value and Units** | **Date** | **[ Reference Range ]** |
| --- | --- | --- | --- | --- | --- |
| 5778-6 | LOINC | Color of Urine | YELLOW | 6/22/2015 | YELLOW |
| 5767-9 | LOINC | Appearance of Urine | CLEAR | 6/22/2015 | CLEAR |
| 5811-5 | LOINC | Specific gravity of Urine by Test strip | 1.015 | 6/22/2015 | 1.005 – 1.030 |
| 5803-2 | LOINC | pH of Urine by Test strip | Value=5.0  units=[pH] | 6/22/2015 | 5.0-8.0 |
| 5792-7 | LOINC | Glucose [Mass/volume] in urine by test strip | Value=50  units=mg/dL | 6/22/2015 | Neg |
| 5797-6 | LOINC | Ketones [Mass/Volume] in urine by test strip | Negative | 6/22/2015 | Negative |
| 5804-0 | LOINC | Protein[Mass/Volume] in urine by test strip | Value=100  units=mg/dL | 6/22/2015 | Negative |

1. UDI:

**Note**: Device Code is provided for context, vendors may or may not choose to include this as part of the C-CDA entries. Also the implantable device identified below was introduced as part of the procedure documented in the procedure section namely “Introduction of cardiac pacemaker system via vein”.

| **UDI** | **Assigning Authority** | **[ Device Code ]** | **[ Scoping Entity ]** |
| --- | --- | --- | --- |
| (01)00643169007222(17)160128(21)BLC200461H | FDA | 704708004 - Cardiac resynchronization therapy implantable pacemaker, CodeSystem – SNOMED-CT | FDA |

1. Assessment and Plan of Treatment:
   1. **Assessment (Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content**)**
      1. The patient was found to have fever and Dr Davis is suspecting Anemia based on the patient history. So Dr Davis asked the patient to closely monitor the temperature and blood pressure and get admitted to Community Health Hospitals if the fever does not subside within a day.
   2. **Plan of Treatment (Visual Inspection**– ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content**)**
      1. Get an EKG done on 6/23/2015.
      2. Get a Chest X-ray done on 6/23/2015 showing the Lower Respiratory Tract Structure.
      3. Take Clindamycin 300mg three times a day as needed if pain does not subside/
      4. Schedule follow on visit with Neighborhood Physicians Practice on 7/1/2015.
2. Goals **(Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content**)**
   1. Get rid of intermittent fever that is occurring every few weeks.
   2. Need to gain more energy to do regular activities
3. HealthConcerns **(Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content**)**
   1. Chronic Sickness exhibited by patient
   2. HealthCare Concerns refer to underlying clinical facts
      1. Documented HyperTension problem
      2. Documented HypoThyroidism problem
      3. Watch Weight of patient
4. Reason For Referral: **(Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content**)**

Ms Alice Newman is being referred to Community Health Hospitals Inpatient facility because of the high fever noticed and suspected Anemia.

1. Functional Status **(Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below content**)**

| [ Functional Condition ] | Code | Code System | Date |
| --- | --- | --- | --- |
| Dependence on Cane | 105504002 | SNOMED-CT | 5/1/2005 |

1. Cognitive Status **(Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below content**)**

| [ Cognitive Status ] | Code | Code System | Date |
| --- | --- | --- | --- |
| Amnesia | 48167000 | SNOMED-CT | 5/1/2005 |