

HITSP Medication Dispensing Status Transaction

HITSP/T42



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1.0 INTRODUCTION

As an introduction to the HITSP Medication Dispensing Status Transaction, this section provides a high level overview of the information sharing scenario enabled by following this specification, provides a document map of the construct relationships for this specification, acknowledges the copyright protections that pertain and provides links to key reference documents and background material. If you are already familiar with this information, proceed to Section 2.0 Transaction Definition.

1.1 OVERVIEW

This section describes the contents of this specification and provides a high level definition of this Transaction and background information about the underlying Transactions and Components that the Transaction is based on.

This HITSP Medication Dispensing Status Transaction provides a medication prescriber with the dispensing status of an ordered prescription (dispensed, partially dispensed, or not dispensed). This transaction is used for original prescriptions, refills and renewals. It uses the NCPDP SCRIPT Standard Implementation Guide Version 10.1 RXFILL message to provide status. The RXFILL message is a notification from the pharmacy to the prescriber. The base set of information includes demographics about the patient, prescriber, and pharmacy in addition to drug identification and dispensing status.

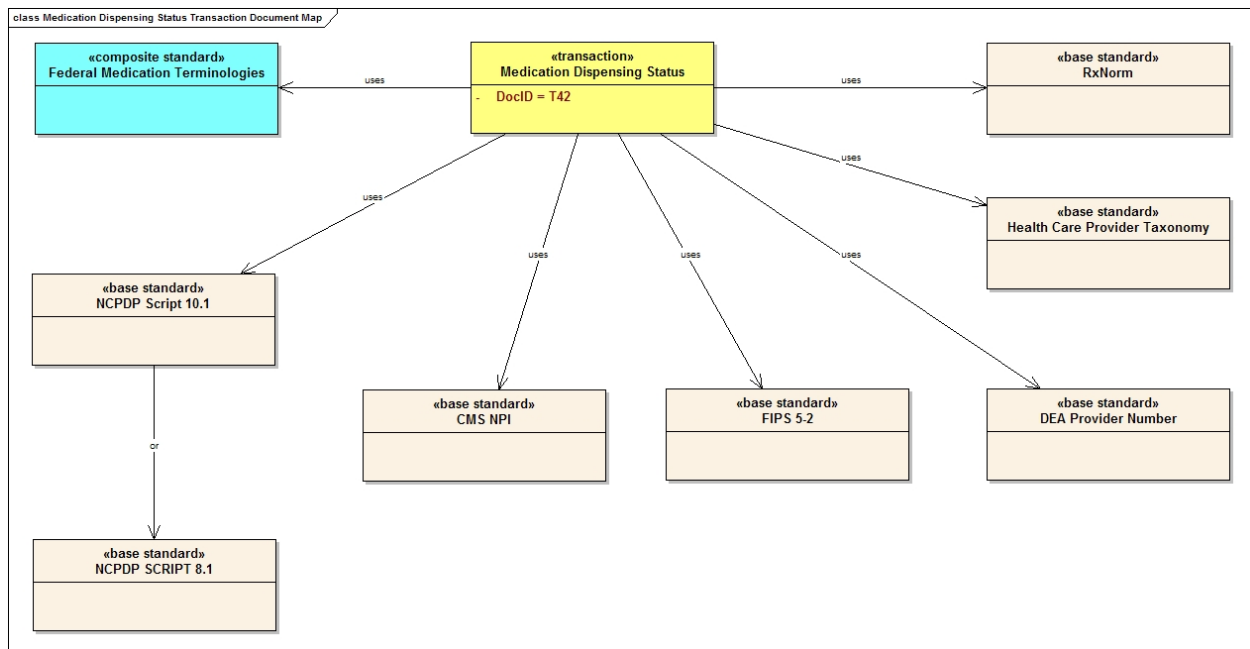
It should be noted that in the Medicare Modernization Act (MMA), NCPDP SCRIPT Standard Implementation Guide Version 8.1 is named for cited entities. The RXFILL message did not change between version 8.1 and version 10.1. Therefore the guidance in this document is interchangeable. For consistency and usage with other constructs, NCPDP SCRIPT Standard Implementation Guide Version 10.1 is cited in this document.

1.2 TRANSACTION DOCUMENT MAP

Each HITSP Interoperability Specification (IS) is comprised of a suite of constructs that, taken as a whole, define how to integrate and constrain existing standards and specifications that will satisfy the requirements imposed by a given Use Case. There are four types of HITSP constructs called Interoperability Specifications (IS), Transaction Packages (TP), Transactions (T) and Components (C). The current Medication Dispensing Status Transaction specification is used with other constructs to meet the requirements of one or more ISs. Review Section 1.2 (Interoperability Specification Document Map) from the relevant IS to better understand the context, dependencies and relationships between the constructs used to meet the IS requirements. The document map in Figure 1.2-1 depicts how this construct integrates and constrains HITSP constructs and existing standards selected, constrained or referenced to support the logical grouping of actions that must all succeed or fail as a group, within the defined context of this document. Implementers should read the documents that describe the constructs represented in the diagram for their details and specific uses.



Figure 1.2-1 Transaction Document Map



1.3 COPYRIGHT PERMISSIONS

COPYRIGHT NOTICE

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NCPDP materials used in this document have been extracted from relevant copyrighted materials with permission of the National Council for Prescription Drug Programs (NCPDP). Copies of this standard are available from the NCPDP Web Site at www.ncdp.org.

1.4 REFERENCE DOCUMENTS

This section contains links to key reference documents and background material.

The HITSP Interoperability Specification Overview provides the background information about the HITSP and its role in the overall U.S. efforts to realize large scale interoperability of health information. The document also provides a description of the HITSP process for healthcare standards harmonization and explains how to use the Interoperability Specifications and other related documents to inform your health IT product development or product refinement.

The conventions that are used to convey the full descriptions and usage of standards in the HITSP specifications are contained in the HITSP Conventions List.



The acronyms used in this document are contained in the HITSP Acronyms List.

The HITSP Glossary provides definitions for relevant terms used by HITSP documents.

The HITSP Harmonization Framework describes the current framework within which the Interoperability Specifications are built.

A Technical Note, TN900 - Security and Privacy, has been developed as a reference document to provide the overall context for use of the HITSP Security and Privacy constructs. It includes the following:

- The scope, reference policy background, and Security and Privacy principles used in the development of the constructs
- A detailed description and schematics of the conceptual relationship between the Security and Privacy constructs
- A mapping of existing standards and constructs to be used in meeting the stated requirements of the AHIC Use Cases
- A list of identified gaps and the recommended approaches to resolving those gaps
- A roadmap for how the Security and Privacy constructs will evolve and eventually align with other HITSP Interoperability Specifications
- A conceptual framework for Security and Privacy management, including reference information on privacy policies, risk assessment and risk management
- A glossary of terms used in all the Security and Privacy construct documents
- A description of the application of the Security and Privacy constructs to the HITSP Interoperability Specifications for the three initial AHIC Use Cases – Biosurveillance, Electronic Health Records - Laboratory Results Reporting and Consumer Empowerment

HITSP will periodically update this Technical Note as required by the introduction of new contexts for use.



2.0 TRANSACTION DEFINITION

Transactions are a logical grouping of actions, including necessary content and context that must all succeed or fail as a group.

2.1 CONTEXT OVERVIEW

This section provides a general description of the Transaction. It includes a detailed definition of the Transaction and the reason for its use. It also provides all the necessary background information that further describes the context in which the Transaction is needed and the Components or composite standards that the Transaction is based on.

This HITSP Medication Dispensing Status Transaction provides a medication prescriber with the dispensing status of an ordered prescription (dispensed, partially dispensed, or not dispensed). This Transaction is used for original prescriptions, refills and renewals. This Transaction is sent from the pharmacy to the prescriber to notify the prescriber of the dispensing status of a prescription.

Implementations of this Transaction shall support the specification as defined by NCPDP SCRIPT Standard Implementation Guide Version 8.1 (ambulatory settings) or 10.1 (long-term care settings) - RXFILL Message, Section 6.11 and all applicable referenced sections. Implementations shall also support the additional HITSP constraints as defined in Section 2.1.1.

2.1.1 TRANSACTION CONSTRAINTS

This section describes the constraints that limit the context in which the Transaction construct may be used. A constraint describes a rule that limits the use of the actors, actions or data within the given context, or to which the interactions must conform to be used within the described context. It is a description of the limits and scope of the interactions and can describe actions or events that are not part of the initial definition for the context.

Table 2.1.1-1 Transaction Constraints

Constraint
The RXFILL UIB Segment is the Interactive Interchange Control Header. Fields "Date of Initiation" and "Event Time" shall always be sent.
The RXFILL PVD Segment is used to identify providers of this message such as the prescriber, pharmacist, clinic, etc. HITSP requires an OID be used to identify this information. When performing this Segment for the prescriber and supervisor, the field name "Referenced Qualifier" is used to identify the type of OID identifier being used. If the prescriber has an NPI, one occurrence must contain the value "NPI" (National Provider ID). If the prescriber has a DEA Number, one occurrence must contain the value "DH" (DEA Number). Not every entity allowed to prescribe may have an NPI or DEA. If this is the case, the other identifiers can be used. The values for the "NPI" (National Provider ID) OID and "DH" (DEA Number) OID roots are not encoded in the message.
The PVD Segment is used to identify providers of this message such as the prescriber, pharmacist, clinic, etc. HITSP requires an OID be used to identify this information. When performing this Segment for the pharmacy, the field name "Referenced Qualifier" is used to identify the type of OID identifier being used. One occurrence shall contain the value "NPI" (National Provider ID). One occurrence shall contain the value "D3" (NCPDP Provider ID Number). The values for the "NPI" (National Provider ID) OID and "D3" (NCPDP Provider ID Number) OID roots are not encoded in the message.



Constraint
Within the RXFILL PVD Segment the "Provider Specialty, coded" field shall use the Health Care Provider Taxonomy code set as its vocabulary. This requirement is for all usage of this Segment.
Within the RXFILL PVD Segment the "Country Sub-entity identification" field shall convey the U.S. State or Territory and shall use the FIPS vocabulary. This requirement is for all usage of this Segment.
Within the RXFILL PVD Segment one occurrence of the "Communication Number" field shall convey the telephone number of the contact. The field Code List qualifier shall be set to "TE" for this occurrence. Other occurrences are optional and would contain other values. This requirement is for all usage of this Segment.
Within the RXFILL PTT Segment the "Country Sub-entity identification" field shall convey the U.S. State or Territory and shall use the FIPS vocabulary. This requirement is for all usage of this Segment.

NOTE: Above HITSP constraints have been discussed with NCPDP members and are expected to be incorporated into the NCPDP SCRIPT Standard Implementation Guide in a future version.

NOTE: Neither NCPDP SCRIPT 8.1, nor 10.1 supports the use of FMT coded fields for Drug Form, Drug Strength and Drug Unit of Measure. This will be considered in future versions.

2.1.2 TECHNICAL ACTORS

This section describes the technical actors that need to be integrated in order to meet the interoperability requirements for this Transaction. A technical actor represents an entity internal to a software application, which is engaged in one or more specific Transactions to support a specific aspect of a real world information interchange (e.g., set of message exchanges). The table below lists the technical actors involved in the Transaction, a definition of their roles, an indication of their optionality, the specific Transactions and content with which they are involved and the optionality of the associated Transactions and/or content.

Table 2.1.2-1 Technical Actors

Actor	Description	Actor Optionality	Used in Component/ Standard	Transaction/Content	Optionality*
Medication Status Receiver	The Medication Status Receiver receives a dispensing status (RXFILL message) from a Medication Status Dispenser about a previously performed medication order / prescription	R	National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Implementation Guide Version 8.1 or 10.1	Medication Dispensing Status Query	R
Medication Status Dispenser	The Medication Status Dispenser provides a dispensing status (RXFILL message) to a Medication Status Receiver about a previously performed medication order / prescription	R	National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Implementation Guide Version 8.1 or 10.1	Medication Dispensing Status Query	R

***NOTE:** Optionality = "R" for Required, "O" for Optional or "C" for Conditional.

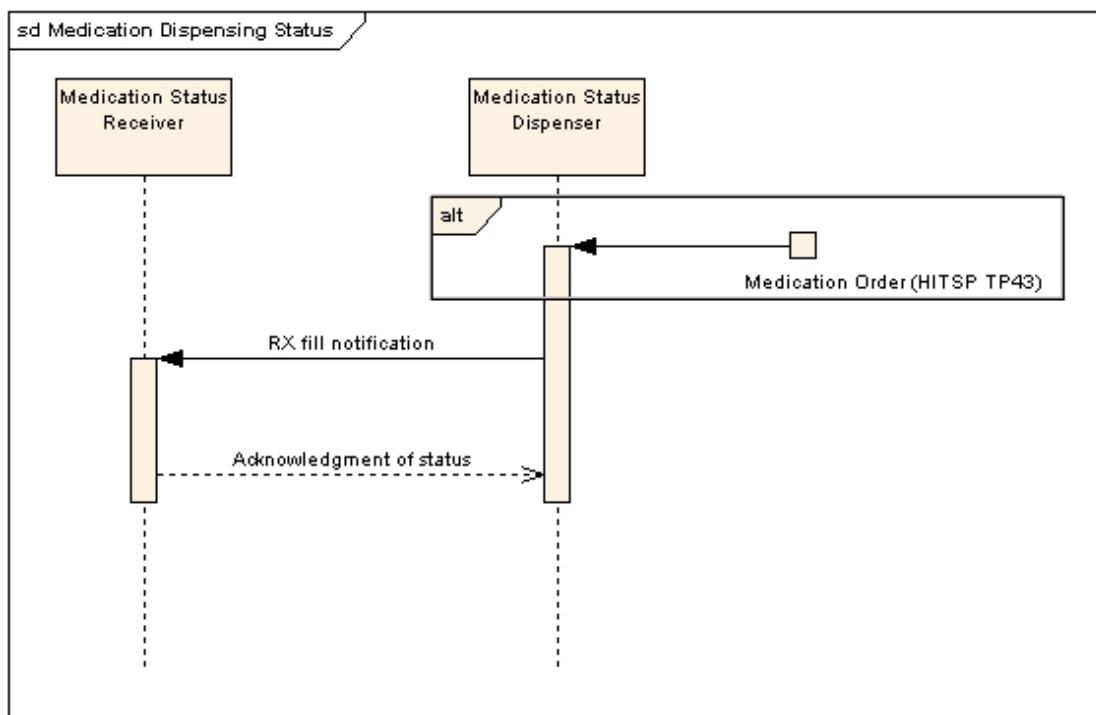
2.1.3 ACTOR INTERACTIONS

This section diagrams the workflow of the Transaction and the basic process flows that are supported by the Transaction. It describes the underlying events that fulfill the Transaction, sequence, timing of the



events, and the specific actors involved. Process flow diagrams are provided to illustrate the process relationships.

Figure 2.1.3-1 Medication Dispensing Status Process Flow



This Transaction provides a medication prescriber with the dispensing status of an ordered prescription (dispensed, partially dispensed, not dispensed). In order to provide a medication dispensing status, the medication order must first exist. The preferred method is to use HITSP/TP43 - Medication Orders Transaction Package, however, the process could occur via a paper workflow (if a paper prescription is received there would be no electronic response). Irrespective of how the order was initiated, the Medication Status Dispenser must know the system that needs the dispensing status. The status is transmitted using NCPDP RXFILL message with an acknowledgment of status.

2.1.4 PRE-CONDITIONS

This section describes the necessary conditions that must be in place prior to the start of the workings of the Transaction. The pre-conditions are used to convey any conditions that must be true at the onset of a Transaction. They describe the context that must be established before the Transaction is executed. They are not however the triggers that initiate the Transaction. Where one or more pre-conditions are not met, the behavior of the Transaction should be considered uncertain.



Table 2.1.4-1 Pre-conditions

Pre-condition
It is expected that the security framework under which this Transaction operates is in accordance with the Interoperability Specification that references this construct. Therefore all applicable HITSP Security and Privacy constructs are implemented as required
It is expected that a medication order or prescription was performed prior to the medication dispensing status transaction

2.1.4.1 Process Triggers

This section describes the process triggers, including actors and/or processes, which are necessary to start the Transaction. They can invoke an automatic or manual process or result that in turn starts off the Transaction. A process trigger is not the same as a pre-condition that describes a context that needs to be in place at the start of the event.

Table 2.1.4.1-1 Process Triggers

Process Trigger
An action (e.g., such as fill) is taken on the prescription

2.1.5 POST-CONDITIONS

This section provides an overview of the conditions or results that must occur at the end of the Transaction in order for the Transaction to be deemed successfully completed. This includes any required outputs from the Transaction or specific actor states.

Table 2.1.5-1 Post-conditions

Post-condition
Medication Status Receiver processes the order/prescription in order to create a dispensing status

2.1.5.1 Required Outputs

This section identifies the required outputs that must be produced at the end of the Transaction in order for the Transaction to be deemed successfully completed. This includes the format and usage of the required output.

Table 2.1.5.1-1 Required Outputs

Required Output	Format/Usage
The Medication Status Receiver provides a Medication Status Dispenser to the user of the system via a user interface	

2.1.6 DATA FLOWS

This section describes the basic data flows that are supported by this Transaction. It describes the specific data mapping requirements and constraints for the Transaction.



Implementations of this Transaction shall support the specification as defined by NCPDP SCRIPT 8.1 or 10.1 - RXFILL Message, Section 6.11 and all applicable referenced sections for data flows. The additional HITSP constraints are as follows:

Table 2.1.6-1 NCPDP SCRIPT 8.1 or 10.1 - RXFILL Message Data Mapping

Data Element	Description	Limit/Range of values	Data Source	Destination	Requirements/Pre-conditions*	Additional Specification for Component
Ø8Ø-S3ØØ-Ø1-ØØ17	Date of Initiation	NA	Medication Status Dispenser	Medication Status Receiver	R	Shall always be sent and filled in with a valid value
8Ø-S3ØØ-Ø2-Ø114	Event Time	NA	Medication Status Dispenser	Medication Status Receiver	R	Shall always be sent and filled in with a valid value
Ø2Ø-1ØØ1-Ø2-1153	Referenced Qualifier	NA	Medication Status Dispenser	Medication Status Receiver	C	Required for the PVD Segment for Prescriber and/or Supervisor. If the prescriber has an NPI, one occurrence shall contain the value "NPI" (National Provider ID). If the prescriber has a DEA Number, one occurrence must contain the value "DH" (DEA Number). Not every entity allowed to prescribe may have an NPI or DEA. If this is the case, the other identifiers can be used. The value for the "NPI" (National Provider ID) OID is not encoded in the message and shall always be assumed to be the OID root 2.16.840.1.113883.4.6. The value for the "DH" (DEA Number) OID is not encoded in the message and shall always be assumed to be the OID root 2.16.840.1.113883.11.19254
Ø2Ø-1ØØ1-Ø2-1153	Referenced Qualifier	NA	Medication Status Dispenser	Medication Status Receiver	C	Required for the PVD Segment for Pharmacy One occurrence shall contain the value "HPI" (National Provider ID) One occurrence shall contain the value "D3" (NCPDP Provider ID Number) The value for the "HPI" (National Provider ID) OID is not encoded in the message and shall always be assumed to be the OID root 2.16.840.1.113883.4.6 The value for the "D3" (NCPDP Provider ID Number) OID is not encoded in the message and shall always be assumed to be the OID root 2.16.840.1.113883.3.79
Ø4Ø-1ØØ7-Ø2-47Ø7	Provider Specialty, coded	NA	Medication Status Dispenser	Medication Status Receiver	C	Shall use the Health Care Provider Taxonomy code set as its vocabulary for all usage of PVD segments
Ø8Ø-1ØØ4-Ø3-3229	Country Sub-entity identification	NA	Medication Status Dispenser	Medication Status Receiver	C	This field shall convey the U.S. State or Territory and shall use the FIPS vocabulary for all usage of PVD segments
Ø9Ø-1Ø16-Ø1-3148	Communication Number	NA	Medication Status Dispenser	Medication Status Receiver	C	Required for all usage of PVD segments One occurrence of this field shall convey the telephone number of the contact. The field Code List qualifier Ø9Ø-Ø1 shall be set to "TE" for this occurrence Other occurrences are optional and would contain other values



Data Element	Description	Limit/Range of values	Data Source	Destination	Requirements/Pre-conditions*	Additional Specification for Component
Ø8Ø-1ØØ4-Ø3-3229	Country Sub-entity identification	NA	Medication Status Dispenser	Medication Status Receiver	C	This field shall convey the U.S. State or Territory and shall use the FIPS vocabulary for all usage of the PTT segments

***NOTE:** Optionality = “R” for Required, “R2” for Required if known, “O” for Optional, or “C” for Conditional.

2.2 LIST OF CONSTRUCTS

The following list of constructs and their definitions are used by the Transaction specification.

Table 2.2-1 List of Constructs

Construct Name	Technical Actors	Description	Event/Action Code	Content
No applicable constructs				

2.2.1 CONSTRUCT DEPENDENCIES

The following table shows a list of Components with their existing dependencies. Dependencies usually exist when there are some additional prerequisites for a specific construct.

Table 2.2.1-1 Construct Dependencies

Construct	Depends On (Name of Component that it depends on)	Dependency Type (Pre-condition, post-condition, general)	Purpose (Reason for this dependency)
T42 - Medication Dispensing Status	TP43 - Medication Orders	Pre-condition	An electronic order must be received before Medication Dispensing Status can be sent regarding the order

2.2.2 ADDITIONAL CONSTRAINTS ON REQUIRED CONSTRUCTS

This section describes the constraints that further limit the constructs that are used by this Transaction.

Table 2.2.2-1 Additional Constraints on Required Constructs

Data Element	Construct	Constraint	Constraint Type (Pre-condition, post-condition, general)	Purpose (Reason for this constraint)
No applicable constraints				

2.3 LIST OF STANDARDS

It is important to understand that the standards selected here are within the context of the specific Use Case requirements and do not necessarily reflect selection in other contexts. The following standards are used to implement this Transaction specification:



Table 2.3-1 List of Standards

Standard	Description
Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI)	NPI is a unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare and Medicaid Services (CMS). All individual HIPAA covered healthcare providers (physicians, nurses, dentists, chiropractors, physical therapists, etc.) or organizations (hospitals, home healthcare agencies, nursing homes, residential treatment centers, group practices, laboratories, pharmacies, medical equipment companies, etc.) must obtain an NPI for use in all HIPAA standard transactions, even if a billing agency prepares the transaction. Once assigned, a provider's NPI is permanent and remains with the provider regardless of job or location changes. For more information visit www.cms.gov .
Drug Enforcement Administration (DEA) Prescriber Number	<p>The Drug Enforcement Administration (DEA) is a United States Department of Justice law enforcement agency tasked with enforcing the Controlled Substances Act of 1970. It shares concurrent jurisdiction with the Federal Bureau of Investigation in narcotics enforcement matters.</p> <p>A DEA number is a series of numbers assigned to a healthcare provider (such as a dentist, physician, nurse practitioner, or physician assistant) allowing them to write prescriptions for controlled substances. Legally the DEA number is solely to be used for tracking controlled substances. The DEA number, however, is often used by the industry as a general "prescriber" number that is a unique identifier for anyone who can prescribe medication.</p>
Federal Information Processing Standards (FIPS) Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas Publication # 5-2, May, 1987	<p>A set of two-digit numeric codes and a set of two-letter alphabetic codes for representing the 50 states, the District of Columbia and the outlying areas of the United States, and associated areas. The standard covers all land areas under the sovereignty of the United States, the freely associated states of Federated States of Micronesia and Marshall Islands, and the trust territory of Palau. For more information visit www.itl.nist.gov.</p> <p>NOTE: ASC X12 transactions and ASC X12N Implementation Guides do not allow use of this standard; instead they require use of the U.S. Postal Service's National Zip Code and Post Office Directory -- which provides similar alphabetic code values.</p>
Federal Medication Terminologies	<p>A set of controlled terminologies and code sets developed and maintained as part of a collaboration between the Food and Drug Administration, National Library of Medicine, Veterans Health Administration, National Cancer Institute and Agency for Healthcare Research and Quality related to medications, including medication proprietary and nonproprietary names, clinical drug code (RxNorm); ingredient names and Unique Ingredient Identifiers (UNII); routes of administration, dosage forms and units of presentation from the NCI Thesaurus (NCIt); and certain pharmacological drug classes from the National Drug File Reference Terminology (NDF-RT) .</p> <p>The Federal Medication Terminology leverages medication models maintained by the Food and Drug Administration (ex. UNII, NDC Codes), National Library of Medicine (RxNorm), the Veterans Health Administration (NDF-RT) and the National Cancer Institute (NCIt).</p> <p>Information on the Federal Medication Terminologies may be found and downloaded from the NCI Web portal terminology resources page at www.cancer.gov/cancertopics.</p>
Health Care Provider Taxonomy	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length. The Health Care Provider Taxonomy code set includes specialty categories for individuals, groups of individuals, and non-individuals. The National Uniform Claims Committee maintains this code set. The complete code set is available from the Washington Publishing Company at www.wpc-edi.com .



Standard	Description
National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Implementation Guide Version 8.1 or 10.1	Provides for the real time electronic transfer of prescription data between pharmacies and providers. Functions supported include communication of new prescriptions, prescription changes, refill requests, prescription fill status notifications, and prescription cancellations. For more information visit www.ncdp.org .
National Library of Medicine (NLM) Unified Medical Language System (UMLS) RxNorm	Provides standard names for (1) clinical drugs and (2) drug dose forms as administered to a patient. Also provides links from clinical drugs, both branded and generic, to their active ingredients, drug components (active ingredient + strength), and related brand names. Food and Drug Administration (FDA) National Drug Codes (NDCs) for specific drug products and many of the drug vocabularies commonly used in pharmacy management and drug interaction software are additionally linked to RxNorm. For more information visit www.nlm.nih.gov .



3.0 TECHNICAL IMPLEMENTATION

3.1 CONFORMANCE

This section describes the conformance criteria, which are objective statements of requirements that can be used to determine if a specific behavior, function, interface or code set has been implemented correctly.

3.1.1 CONFORMANCE CRITERIA

In order to claim conformance to this construct specification, an implementation must satisfy all the requirements and mandatory statements listed in this specification, the associated HITSP Interoperability Specification, its associated construct specifications, as well as conformance criteria from the selected base and composite standards. A conformant system must also be constrained as specified in Table 2.1.1-1 and implement all of the required actors from Table 2.1.2-1 within the scope, subset or implementation option that is selected from the associated Interoperability Specification.

Claims of conformance may only be made for the overall HITSP Interoperability Specification with which this construct is associated.

3.1.2 CONFORMANCE SCOPING, SUBSETTING AND OPTIONS

A HITSP Interoperability Specification must be implemented in its entirety for an implementation to claim conformance to the specification. HITSP may define the permissibility for actor scoping, subsetting or implementation options by which the specification may be implemented in a limited manner. Such scoping, subsetting and options may extend to associated constructs, such as this construct. This construct must implement all requirements within the selected scope, subset or options as defined in the associated Interoperability Specification to claim conformance.



4.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

No additional information at this time.



5.0 CHANGE HISTORY

The following sections provide the history of changes made to this document.

5.1 DECEMBER 7, 2007

No changes. This is the first published version of the document.

5.2 MARCH 19, 2008

The changes in this cycle address the following comments:

3007, 3050, 3070, 3223, 3225, 3226, 3227

The full text of the comments along with the Technical Committee's disposition can be reviewed on the HITSP Public Web Site.

The following changes have been made to the construct:

- Made editorial changes based on comments
- Added text to clarify construct is used for new prescriptions, refills and renewals
- Removed constraint on RXFILL PTT segment "Gender, coded" field
- Removed constraint on RXFILL DRU segment "Free Text Code list Qualifier" field requiring use of FMT coded values
- Added text to clarify that construct isn't used for paper prescriptions
- Added TP43 - Medication Orders as a pre-requisite
- Removed trigger "A request for medication dispensing status is received by Medication Status Dispenser"
- Set Requirements column in Table 2.1.6-1 to R, R2, C or O as appropriate
- Deleted the requirement for NCPDP to use X12 codes for Drug Form, Strength, etc.

5.3 MARCH 27, 2008

Upon approval by the HITSP Panel on March 27, 2008, this document is now Released for Implementation.

