

HITSP Medication Dispensing Status Transaction

HITSP/T42



Healthcare Information Technology Standards Panel

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1.0 INTRODUCTION

1.1 OVERVIEW

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 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.

1.3 REFERENCE DOCUMENTS

This section provides a list of key reference documents and background material.

A list of key reference documents and background material is provided in the table below. These documents can be retrieved from the hitsp.org Web Site.

Table 1-1 Reference Documents

Reference Document	Document Description
HITSP Acronyms List	Lists and defines the acronyms used in this document
HITSP Glossary	Provides definitions for relevant terms used by HITSP documents
TN900 - Security and Privacy Technical Note	TN900 is a reference document that provides the overall context for use of the HITSP Security and Privacy constructs

1.4 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.

1.4.1 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 implement all of the required interfaces



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 or Capability with which this construct is associated.

1.4.2 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 interface 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.



2.0 TRANSACTION DEFINITION

2.1 CONTEXT OVERVIEW

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

Table 2-1 Transaction Constraints^{1 2}

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
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

¹ 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.

² Neither NCPDP SCRIPT 8.1, nor 10.1 supports the use of Federal Medication Terminology (FMT) coded fields for Drug Form, Drug Strength and Drug Unit of Measure. This will be considered in future versions.



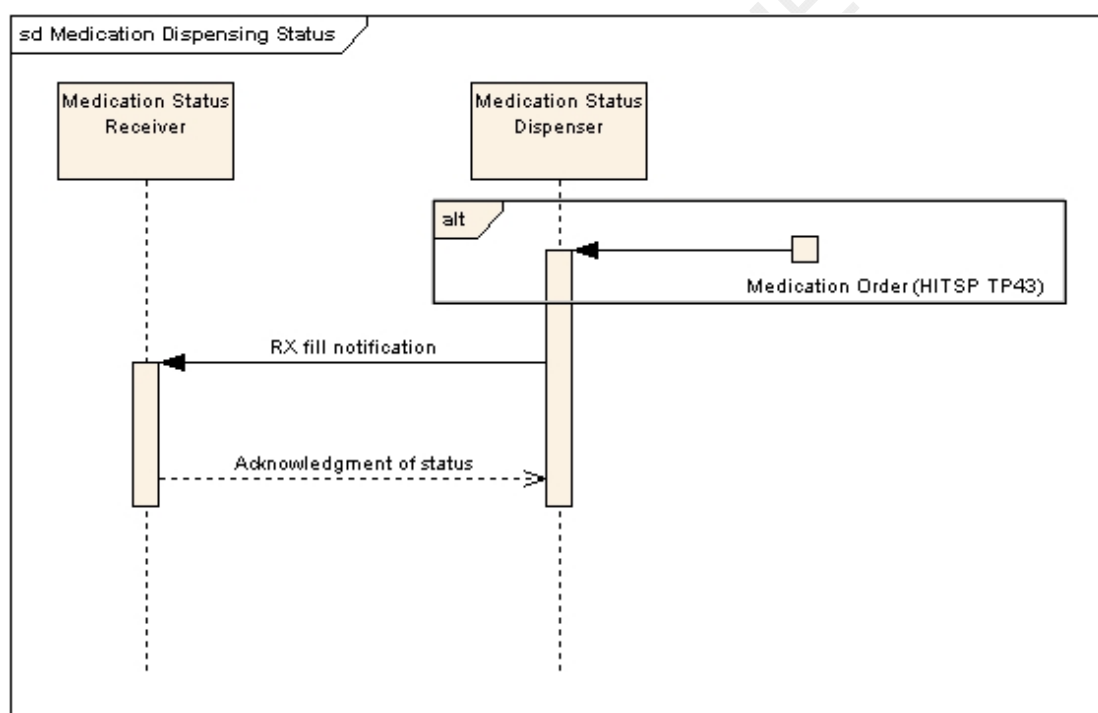
2.1.2 INTERFACES

Table 2-2 Interfaces

Interface	Description	Interface Optionality	Used in Component/ Standard	Transaction / Content	Optionality ³
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

2.1.3 INTERFACE INTERACTIONS

Figure 2-1 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.

³ Optionality = "R" for Required, "R2" for Required if Known or "O" for Optional, or "C" for Conditional. Conditional footnotes are further described below.



2.1.4 PRE-CONDITIONS

Table 2-3 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

Table 2-4 Process Triggers

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

2.1.5 POST-CONDITIONS

Table 2-5 Post-conditions

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

2.1.5.1 REQUIRED OUTPUTS

Table 2-6 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

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 2-7 NCPDP SCRIPT 8.1 or 10.1 - RXFILL Message Data Mapping

Data Element	Description	Limit/ Range of values	Data Source	Destination	Requirements / Pre- conditions ⁴	Additional Specification for Component
080-S300-01-0017	Date of Initiation	NA	Medication Status Dispenser	Medication Status Receiver	R	Shall always be sent and filled in with a valid value
80-S300-02-0114	Event Time	NA	Medication Status Dispenser	Medication Status Receiver	R	Shall always be sent and filled in with a valid value

⁴ Optionality = "R" for Required, "R2" for Required if known, "O" for Optional, or "C" for Conditional.



Data Element	Description	Limit/ Range of values	Data Source	Destination	Requirements / Pre- conditions ⁴	Additional Specification for Component
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



Data Element	Description	Limit/ Range of values	Data Source	Destination	Requirements / Pre- conditions ⁴	Additional Specification for Component
Ø9Ø-Ø16- 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
Ø8Ø-ØØ4- 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

2.2 LIST OF CONSTRUCTS

Table 2-8 List of Constructs

Construct Name	Interfaces	Description	Event/Action Code	Content
No applicable constructs				

2.2.1 CONSTRUCT DEPENDENCIES

Table 2-9 Construct Dependencies

Construct	Depends On (Name of Component that it depends on)	Dependency Type (Pre-condition, post-condition, general)	Purpose (Reason for this dependency)
HITSP/T42 Medication Dispensing Status	HITSP/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

Table 2-10 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 STANDARDS

2.3.1 REGULATORY GUIDANCE

Table 2-11 Regulatory Guidance

Standard	Description
No applicable regulatory guidance	



2.3.2 SELECTED STANDARDS

Table 2-12 Selected 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	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 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
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	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 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
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
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.ncpdp.org

2.3.3 INFORMATIVE REFERENCE STANDARDS

Table 2-13 Informative Reference Standards

Standard Name	Description/Reason for Use
No applicable informative references	



3.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

No additional information at this time.



4.0 CHANGE HISTORY

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

4.1 DECEMBER 7, 2007

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

4.2 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 Table 2-7 to R, R2, C or O as appropriate
- Deleted the requirement for NCPDP to use X12 codes for Drug Form, Strength, etc.

4.3 MARCH 27, 2008

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

4.4 AUGUST 20, 2008

This document has been modified to reflect the updated HITSP approach to categorizing standards as Regulatory Guidance, Selected Standards, and Informative References.

Removed the following from list of standards:

- Federal Medication Terminologies
- National Library of Medicine (NLM) Unified Medical Language System (UMLS) RxNorm

4.5 AUGUST 27, 2008

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

4.6 JUNE 30, 2009

Minor editorial changes were made to this document. Boilerplate text was removed for simplification. The term "actor" was replaced with "interface".



4.7 JULY 8, 2009

Upon approval by the HITSP Panel on July 8, 2009, this document is now Released for Implementation.

RELEASED FOR IMPLEMENTATION

