§170.315(b)(3) Electronic prescribing

Version 1.3 Updated on 10-25-2019

<table>
<thead>
<tr>
<th>Version #</th>
<th>Description of Change</th>
<th>Version Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Final Test Procedure</td>
<td>01-20-2016</td>
</tr>
<tr>
<td>1.1</td>
<td>Added testing scope information for max field validation (eRx Testing Scope Reference Table, aka Appendix A).</td>
<td>09-26-2016</td>
</tr>
<tr>
<td>1.2</td>
<td>Updated hyperlinks to NCPDP eRx test tool, documentation, and test data.</td>
<td>07-30-2018</td>
</tr>
<tr>
<td>1.3</td>
<td>Added Surescripts certification option as an alternate pathway to demonstrate conformity.</td>
<td>10-25-2019</td>
</tr>
</tbody>
</table>

Regulation Text

§170.315 (b)(3) Electronic prescribing—

(i) Enable a user to perform all of the following prescription-related electronic transactions in accordance with the standard specified in §170.205(b)(2) and, at a minimum, the version of the standard specified in §170.207(d)(3) as follows:

(A) Create new prescriptions (NEWRX).
(B) Change prescriptions (RXCHG, CHGRES).
(C) Cancel prescriptions (CANRX, CANRES).
(D) Refill prescriptions (REFREQ, REFRES).
(E) Receive fill status notifications (RXFILL).
(F) Request and receive medication history information (RXHREQ, RXHRES).

(ii) For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the diagnosis elements in DRU Segment.
(iii) Optional. For each transaction listed in paragraph (b)(3)(i) of this section, the technology must be able to receive and transmit the reason for the prescription using the indication elements in the SIG Segment.

(iv) Limit a user's ability to prescribe all oral liquid medications in only metric standard units of mL (i.e., not cc).

(v) Always insert leading zeroes before the decimal point for amounts less than one and must not allow trailing zeroes after a decimal point when a user prescribes medications.

### Standard(s) Referenced

**Paragraph (b)(3)(i)**


§ 170.207(d)(3) RxNorm, September 8, 2015 Full Release Update

Based on the CMS requirement above, effective 1/1/2020 the ONC Health IT Certification Program will not permit ONC-ACBs to grant Health IT Modules certification to the 170.315(b)(3) criterion which includes the NCPDP 10.6 standard. As of January 1, 2020, developers that have Health IT Modules certified to the 170.315(b)(3) criterion and have updated their products to use the NCPDP SCRIPT Standard Version 201707 to meet CMS’ compliance requirements may request of the ONC-ACB Inherited Certified Status (ICS) flexibility for a Health IT Module. Developers must inform their ONC-ACB of the updates and request to maintain certification to 170.315(b)(3) by applying for ICS. For more information about ICS, please refer to: [https://www.healthit.gov/faq/b12-how-does-inherited-certification-status-work-ehr-modules](https://www.healthit.gov/faq/b12-how-does-inherited-certification-status-work-ehr-modules).

### Testing components

**Archived Version:**


### Reference Documents

- eRx Error Message Reference Table 09-26-2016

Content last reviewed on November 4, 2020