Frequently Asked Questions Series
Reviewed and Approved by AIRA And CDC Staff
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Topics Addressed in this Version

Error Corrections in HL7 2.5.1 Release 1.5

- Value Set Name – Serological Evidence of Immunity - IIS
    - Concept Code 341112003 (Mumps Finding) should be 371112003

Data Types

- TS (Time Stamp)
    - For data elements where the time component is optional, the receiving system may decide to support using the time or not. If the receiving system chooses not to use the time, an error/warning should not be returned for sending a time as long as it's formatted correctly.
- HD (Hierarchic Designator)
    - The HD data type is one of the most complex and confusing data types in HL7 version 2.
    - Keep in mind that the HD data type is sometimes used for fields (e.g. MSH-4) and other times used for components (e.g. CX.4 as used in PID-3). In the examples below, we will demonstrate HD usage via component based scenarios, but the same suggestions and rules apply for field level HD usage as well.
    - The HD data type is divided into 3 elements:
        - The Namespace
        - The Universal ID
        - The Universal ID Type
    - The last two elements work together to define an ID along with the appropriate ID Type and the Release 1.5 IG constrains the Universal ID to being an OID and constrains the Universal ID Type to the value "ISO". The Namespace and the OID should be synonyms for each other. That is, the HD element should NOT be populated such that the Namespace is a value in the value set specified by the OID.
    - The Release 1.5 IG allows for 3 valid "flavors" of the HD data:
        - Namespace&& (ideally without the trailing ampersands)
        - Namespace&<OID>&ISO
        - &<OID>&ISO
    - How should Namespaces and OIDs be used in HD data types?
        - The Namespace is widely used today and support for sending and receiving the Namespace is highly encouraged for all vendors. The OID can be used in addition to the Namespace, but we do not encourage replacing the Namespace with the OID. That is, while the third flavor above is valid, we don't endorse the use of it due to the current extensive use of Namespace.
        - Future releases of the IG may tighten the Usage of the Namespace to Required (R) while still supporting the use of OIDs.
- XTN (Extended Telecommunications Number)
    - Currently when sending a phone number, the Area/City Code (XTN.6) has a usage of RE while the Local Number (XTN.7) has a usage of R. Is there a scenario where a local number is useful without an area code?
        - Legacy data in the IIS (or EHR) may exist without an area code. We still need the ability to message this data.

        - IIS can further constrain the usage of the area code if local needs require it.
        - Future releases of the IG will maintain the current usages.
    - What are the possible variations in XTN fields?
        - The large number of Conditional Usages makes the XTN data type a complex one. It can be used to send either phone numbers or email addresses, but each of those looks quite different.
        - A maximally populated phone number looks like this:
            - ^PRN^CP^^^406^5557896
        - As noted above, it is also valid to send a phone number without an area code:
            - ^PRN^PH^^^^5552236
        - An email address looks like this:
            - ^NET^^warren.jackson@example.com
        - When populating a field with both phone numbers and an email address, they are separated by the repetition (~) delimiter. For example, the PID-14 value for a patient with a home phone, cell phone and email address would look like this:
            - ^PRN^CP^^^406^5557896~^PRN^PH^^^^5552236~^NET^^warren.jackson@example.com

Value Sets

- What is the future of the NIP004 (Serological Evidence) value set that was part of the HL7 v2.3.1 IG?
    - In the v2.3.1 IG, the NIP004 value set was designed to document Vaccination contraindications/precautions (LOINC code 30945-0). Values included allergies, medical observations (pregnancy, fever, chronic illness, etc) and immunities. The more recent v2.5.1 IG no longer uses NIP004, but rather uses the PHVS_VaccinationContraindication_IIS value set for contraindications/precautions and documents different LOINC codes for Presumed Immunity (59784-9) and Serological Immunity (75505-8) with their own value sets of PHVS_EvidenceOfImmunity_IIS and PHVS_SerologicalEvidenceOfImmunity_IIS respectively. Because the v2.5.1 IG no longer uses NIP004, that value set is not being maintained. If a system not yet using most recent v2.5.1 IG needs to exchange concepts not included in NIP004, local codes may be added to expand the NIP004 value set. Where possible, to facilitate moving to the v2.5.1 IG, trading partners should pre-adopt codes from the value sets used by the newest IG.
- How are LOINC codes described in NIP003 supposed to be used with respect to individual profiles?
    - The Release 1.5 IG contains some guidance as to which LOINC codes should be used with a particular profile, but it's not complete guidance. AIRA is working to clarify the requirements for LOINC codes, but work is still on going. Please contact us if you have questions about specific LOINC codes.
- Does the CVX value set include code for animal Rabies vaccines?
    - Currently CVX only covers human vaccines.
- How should foreign vaccines be handled?
    - CVX codes exist for several vaccine which are not available in the United States but may be part of a patient's history. Receiving systems should be prepared to support receipt

of these foreign vaccines as they may be included in messages as part of a patient's immunization record.

- Pentavalente is a vaccine available in Mexico. In 2007, the formulation of the vaccine changed from DTP/HEP B/Hib to DTaP/Polio/Hib (Pentavalente Acellular). Separate CVX codes exist for each formulation (102 and 170 respectively).
- Hep A, live attenuated vaccine (CVX code 169) is never recommended by ACIP and does not count towards Hep A completion.

- In CDC specs v1.5, there are 6 concept codes for Serologic Immunity. Are there serologic concept codes for any additional diseases, specifically Polio, Hib and Tetanus?
  - Concept codes for these 3 diseases do not exist because ACIP does not recognize evidence of immunity for these diseases, so even if a provider claimed these, there would be no effect on the recommendations. The patient would still need to be vaccinated if they haven't been.

Scope Definition

- Are TB test results in scope?
  - The Immunization Guide does not cover TB test results. At one time a CVX code was created for PPD because it is injected like vaccinations, but the use case of reporting this via VXU is not supported by the current guide.
- If a patient does not consent to share their immunization data, what is the appropriate way react? Should a message still be sent with PD1-12 populated to indicate that the patient data should be protected or should a message not be sent at all?
  - The appropriate course of action is going to depend on local policy and regulations. Some jurisdictions will accept messages with PD1-12 populated appropriately while others may request that messages be suppressed in this scenario. Be sure to discuss this topic with your trading partners to understand the local requirements.

Populating a Message

- General
  - What should a sending system do if a message triggering event is hit but the system does not have enough data to build a fully conformant message?
    - There may be many reasons why a sending system may not have sufficient data to send a fully conformant message, including the need to message legacy data before standards were widely adopted or data originating from systems not claiming conformance with standards.
    - As long as key data elements such are vaccine type, administration date and a link to a patient are available, it is permissible to send the message and let the receiving system determine if it is willing to accept a non-conformant message. The sending system may still populate MSH-21 with the profile ID they are intending to meet even if the message itself is not conformant with the profile.
    - In general, the following principles should be followed:
      - Non-conformance should not stop the exchange of usable data.

        - Local business rules still determine if the data is usable.
        - It is OK to put a profile in MSH-21 even if the sending system knows the message is not conformant.
- Is it reasonable to expect a submitting EHR to populate PID-3 with a State Registry Number (with PID-3.5 equal to SR)?
    - While this method would be supported by the guide, this requirement is not specifically defined in the national IG and EHR certification is not testing EHR systems for the ability to behave in this way. In addition, certification does not require EHR systems to be able to store or report the state registry ID. Many IIS require the Medical Record Number to be sent in PID-3 and most (if not all) EHR systems are able to do this. There is at least one EHR system that is able to store the IIS registry ID, and there may be a few others, but doing this requires additional work on the EHR side. Adopting a requirement to send the SR will likely cause interoperability issues with most EHRs.
- What is the meaning of a Completion Status (RXA-20) of PA (Partially Administered)?
    - A status of PA is used to indicate that less than a fully potent dose of vaccine was administered. It could mean that less than the full volume of a potent dose was administered (e.g. the patient moved unexpectedly and only a portion of the dose was actually administered) or it could mean that the dose was sub-potent (e.g. there was a manufacturing issue or a cold-chain break). Different IIS have different requirements for sending partial administrations so talk to your trading partner to determine their expectations. Regardless, it is important to include partially administered doses in any testing workflows to ensure that both systems deal with the PA completion status appropriately. It is important that partially administered doses do NOT get counted as fully effective doses. This applies to both VXU and RSP messages. This topic will be elaborated on more fully in future versions of the implementation guide.
- When sending multiple immunities (either presumed or serological) in a single message, how should they be grouped underneath the ORC/RXA segments? Does there need to be a separate ORC/RXA pair of segments for each immunity or can multiple immunity OBX segments be grouped under a single ORC/RXA pair?
    - The ORC/RXA itself has no semantic meaning in regards to the immunities sent in OBX. The only reason why we send these segments is that in HL7 v2.5.1 we can only include OBX segments if they are part of an ORC/RXA group, so grouping them under one ORC/RXA or separating them makes no semantic difference. Our recommendation is to group them together under a single ORC/RXA pair.
- How should free text comments be messaged?
    - First, it is important to note that only clinically relevant comments that can't be messaged discretely elsewhere in the message should be part

of the HL7 message. For example, don't send patient immunity data as a free text comment, rather send it as an observation using the appropriate LOINC code. Release 1.5 indicates that free text comments can be sent as an occurrence of RXA-9 (Administration Notes), however, given that this field is also used to transmit the Information Source (i.e. new or historical vaccination event), the SISC has reconsidered this approach and will recommend in future versions of the implementation guide to send free text comments in an OBX segment using LOINC code 48767-8 (Annotation Comment).

- Demographics Only
  - What is the right way to transmit demographic data about a patient when there is no associated immunization event?
    - Release 1.5 includes demographics only messages as a use case but doesn't fully elaborate on how to accomplish the use case. One option is to send a VXU message without an Order Group (the Order group has a cardinality of [0..*] which indicates that it is valid to send a VXU message without any ORC/RXA/RXR/OBX segments). Alternatively, in other interoperability domains, ADT messages are typically used to transmit patient demographic data. Based on discussions by SISC, future versions of the implementation guide will provide guidance on using an ADT message in this use case. However be sure to discuss this use case with your trading partners to agree upon a message format as well as an understanding of the events that should trigger a demographics only message.
- Administration
  - How do I populate an HL7 message to indicate that a particular dose needs privacy protection?
    - The Release 1.5 IG describes how to use PD1-12 to send a Protection Indicator to message the patient's privacy preference (to share data or not). The IG does not indicate how to override the patient level Protection Indicator for specific doses of vaccine. For example, a teen may wish to apply privacy protection to a dose of HPV. While several options exist, there is not currently any community agreement on how to message this. Discussions are ongoing in this area.
  - How widespread is the usage of ORC-14 (Provider Call Back Phone Number) by IIS?
    - From what we know about IIS, in most cases this field is completely ignored. There may be IIS that store this data but certainly no IIS we have looked at expects data to be sent here. We have also heard no discussion of this data by IIS and the current national IG only mentions the field but does not provide additional description (which is done for all fields IIS normally care about.) So there is little evidence that this field is used by IIS today.
  - Is it possible to send both CVX and NDC codes in RXA-5 (Administered Code)?
    - RXA-5 has 2 triplets of components. RXA-5.1 is one code, RXA-5.4 can be another code. The codes must be essentially equivalent, so you can send

CVX in one and NDC in the other. Each triplet consists of a code, free text and a code system identifier. If the code is populated, you must indicate the code system. The national IG does not have a preference for the order in which the codes are sent. Receiving systems should rely on the code system (in RXA-5.3 and RXA-5.6) to determine the nature of the code and not assume that code types will always appear in a consistent order.

- When sending an NDC, should it be the Unit of Use (vial/syringe) or Unit of Sale (package/box) NDC?
    - There are no requirements about which NDC the EHR should send. Systems can have the provider record whichever one matches the workflow best. Because IIS may need the Unit of Sale for inventory reconciliation purposes and the fact that it's not always possible to derive the Unit of Sale from the Unit of Use (some vaccines (such as Prevnar 13) use the same Unit of Use NDC for different packaging), if the Unit of Sale is not sent, not all of the IIS functionality may be available to the EHR users. Note that "recording" and "sending" are different, a provider could record the Unit of Use and the Unit of Sale could be sent if the sending system maintains a mapping.
    - We do recommend, that when documenting administered vaccines requiring reconstitution, that the sending system record and send the NDC from the lyophilized vaccine even when the vaccine contains an antigen containing diluent (such as Menveo or Pentacel).
    - For EHR certification all possible NDC codes for a vaccine are considered valid. Note that for a Vaqta and Engerix-B certification limited it to NDCs for pediatric formulations because of the age of the patient.
- When and how should RXA-18 (Substance/Treatment Refusal Reason) be populated?
    - The Release 1.5 IG states that when a reason of "Other" (NIP002 value of 02) is sent, that the text component of the CE field must contain a further description. This is at odds with the use of the CE data type and presents a technical challenge for systems. The general consensus of SISC was that the inclusion of additional specific text should not be required or allowed when a refusal code of 02 (Other) is sent. The use of CWE.9 (Original Text) was discussed but there was no support for using it to convey additional data.
- When should OBXs containing VIS data be included in a VXU message?
    - There is a conformance statement (IZ-24) and value set (in appendix A) that covers this. Basically, IZ-24 says that if the CVX code in RXA-5 is in the PHVS_VISVaccine_IIS value set, then VIS OBX segments are required (there are a couple of other requirements), otherwise, no VIS OBX are expected.
    - Note that this is going to get a bit sticky when NDCs come into play for MU stage 3 if that is all being sent because the value set references CVX codes. Either you'll have to map the NDC codes to CVX codes and then consult the value set (you may need to do this anyway) or still require the CVX to be sent along with the NDC code. At this point, we don't think that we'll be maintaining a value set of NDC codes. Depending on which type(s) of codes

you are getting (NDC and/or CVX), you may need to adjust the logic to look in RXA-5.4 (the conformance statement references RXA-5.1) depending on where the sending system is putting the NDC and CVX codes.

- Query/Response
  - What data should be used to populate patient demographics in an RSP response message?
    - When generating an RSP message, the IIS should echo back the QPD segment received in the QBP query message. This is the patient demographic data sent by the querying system and it should be returned as it was sent. Other segments in the RSP (PID, PD1, NK1) should be populated with data from the responding system's database. Querying systems may use this data to validate patient selection. Demographic data sent by the querying system in the QPD segment should not be used to populate the PID, PD1 or NK1 segments.
    - The patient ID in QPD-3 should echo what was submitted in the query, but PID-3 can repeat so it can be populated with more than one identifier including:
      - The querying system's MRN
      - The IIS ID using a value of "SR" in PID-3.5
        - However, don't count on EHRs consuming or using the IIS ID
  - Is it permitted to send an ERR segment and an MSA-1 value of AE within a Z31, Z32 or Z42 message?
    - The HL7 standard indicates that the RSP^K11 response includes an optional, non-repeating ERR segment. The current IG lists the usage of ERR as RE (required but may be empty) in all profiles, including the Z42 profile required by Meaningful Use. This is at odds with Figures 41 and 44 in the national IG which appear to constrain MSA-1 to AA in the absence of serious errors. The figures were not meant to indicate message constraints (although that is not clear from the figures) and we feel it's acceptable for Z31, Z32 and Z42 messages to support both the AE and the AA values in MSA-1. One could conceive of a situation where a trivial error would not prevent a response but could warrant an informative error message along with a value of AE in MSA-1. We suspect that this would be relatively rare and unimportant. We do agree that a usage of RE in the Z31, Z32 and Z42 profiles is probably more than we need and may change the usage in future releases to O (Optional). Until that time though, the ERR segment should be support in all profiles.
  - The RSP message only allows for a single ERR segment. What should I do if in processing a query message I generate more than one error?
    - The restriction that an RSP^K11 message is allowed only a single ERR segment is part of the HL7 base standard. We have worked with HL7 to submit a proposal to allow ERR to repeat, however, this will not be available in the base standard until version 2.10. In the meantime, we don't have required guidance on how to prioritize errors but recommend that your

local business rules prioritize errors according to severity and return the most severe error found.

- How should ORC-3 (Filler Order Number) be populated in the RSP message?
  - For a given dose in the IIS, there are really 3 types of "immunizations ID" an IIS might know about for a particular immunization:
    - **Querying System Immunization ID**
      - This is the ID sent in the VXU (if the querying system has sent a message for dose) and is the unique identifier for the dose from the system querying the IIS.
    - **Other External System Immunization ID**
      - This is the ID sent in the VXU, but was from a different provider. That is, this immunization was reported by someone other than the system who is doing the query.
    - **IIS Immunization ID**
      - This is the IIS internal ID (usually automatically assigned upon insert into the DB (e.g., the primary key))
  - When replying to a query:
    - ORC-3 should be the
      - Querying System Immunization ID when known
        - This ID may not be known with UI entry or in the case where the immunization was submitted by someone other than the querying system.
      - Otherwise the IIS Immunization ID
    - ORC-3 should not be
      - The Other External System Immunization ID
        - E.g., The IIS wouldn't return Dr. Alpha's Immunization ID in Dr. Beta's RSP.
- How should ORC-17 (Entering Organization) be populated if the administration was entered into the IIS by IIS staff from a paper record? Should it reflect the organization who submitted the paper record or the IIS who entered it?
  - The HL7 base standard defines ORC-17 as "This field identifies the organization that the enterer belonged to at the time he/she enters/maintains the order, such as medical group or department." It is possible that this could refer to any number of organizations including the one that gave the dose, the one that reported it electronically to the IIS (which may not be the one that gave it), the one that reported it via paper to the IIS or the IIS itself if they are the first to electronically capture the data. At this time there is no clear answer, but discussions are ongoing in SISC.
- Three different LOINC codes are available to message the "vaccine type" including 30956-7 (Vaccine Type), 30979-9 (Vaccines Due Next) and 38890-0 (Component Vaccine Type). Which one should be used when constructing an RSP message?
  - Release 1.5 notes that 30956-7 is preferred over 38890-0 and 30956-7 is what is used in 2015 EHR certification testing. To ensure consistency, we recommend using 30956-7 over both 38890-0 and 30979-9. Future

versions of the implementation guide will provide additional guidance on which LOINC codes are appropriate in a given context.

- When transmitting a recommendation, should the RSP contain the CVX code for the vaccine group or for a specific vaccine?
    - This is an area where "just enough Information" is likely better than prescriptive "give exactly this product". That said, there are times where giving more information is warranted because the ACIP schedule dictates a specific vaccine should be given based on previous administrations. In those cases, you may want to get more prescriptive. From a conformance perspective, any CVX is technically legal.
- What is the best way to handle a scenario where the database does not contain discrete or parseable Administered Amount data with which to populate RXA-6 and RXA-7?
    - Particularly when dealing with older data or data being submitted by organizations which do not adhere to Release 1.5 requirements for VXU messages, it may possible to have data that can't be used to populate the administered amount (RXA-6) and unites (RXA-7) in a reliable manner. In this case, rather than sending questionable data in the RSP message, we recommend that RXA-6 be populated with 999 and RXA-7 be left blank. This is how these fields will be populated for historical vaccination events. We don't think that a lack of data in these fields will be a serious impediment to quality patient care on the part of the clinician receiving the RSP message.
- Should a responding system ever filter the doses returned in a query response?
    - Should the IIS filter administrations returned as part of a query response such that doses contributed by the querying system are not returned?
        - Some providers are reporting problems with reconciling administered doses because the IIS query response includes doses already included in the provider's EHR system. In some cases, the EHR is not able to filter doses appropriately in the display, creating duplicates.
        - We strongly recommend that IIS do NOT filter the query response in any way.
        - We will work with EHR vendors to determine what data needs to be returned by the IIS so that EHR systems can more effectively filter the display used by clinicians. ORC-3 (Filler ID) will undoubtedly play a central role in detecting duplicates, but we have not yet agreed upon clear requirements for sending and receiving ORC-3.
    - Should the IIS filter administrations returned as part of a query response such that for protected patients only doses submitted by the querying system are returned?
        - We strongly recommend that IIS do NOT filter the query response in any way.

Transport

- When using the CDC WSDL in the transport process, should the same endpoint be used for both VXU/ACK and QBP/RSP messages or should there be two separate end points?

- The national IG is completely silent on the transport mechanism, but we recommend implementing the CDC WSDL. We are finding that having a single endpoint is the most common arrangement but either architecture is allowed.

Constraining Local Profiles

- Where is there guidance for local guide authors about how R, RE, O, and X usages can changed in a local IG?
  - Some basic rules for constraining the national IG are documented in the conformance chapter (Chapter 2B starting in version 2.6) of the HL7 base standard. While Chapter 2B makes its first appearance in version 2.6, the content is applicable to all versions of HL7. We recommend you look at the most recent version (2.8.2) when reading Chapter 2B.
  - In general, a local IG is only allowed to add constraints to the national IG, not loosen them. For example an RE (required but allowed to be empty) usage can be tightened to be R (Required) but cannot be loosened to O (Optional).
- When expanding value sets used in a local IG, consider the following:
  - Where possible be very specific about which values in a value set you require to be supported by a trading partner.
  - Consider any functional implications for the new value(s). Some new values may impose a new requirement for functionality or workflow in the trading partner system.
  - If the concept being added to the value set is already represented by a permitted value in the value set that permitted value must be used.
  - A local code cannot be added to an open value set to represent an explicitly excluded concept already listed in the value set.
  - Once a value is included in a value set, it cannot be redefined. For instance, once B is defined as Blue, it cannot be redefined as Baby Blue. A new code must be created for the new concept.
- Can a derived specification use data elements with an Optionality of B (backwards compatible) or W (withdrawn)?
  - Per Chapter 2b (Conformance) of the base standards, derived specifications can still use Backwards Compatible data elements (they can be assigned a Usage of R, RE, O or C(a/b)).
  - Elements in the base standards with an Optionality of W (withdrawn) can only be given a Usage of X in a derived specification.
- Is it permitted to respond with a Z42 message in response to either an Z34 and Z44 query and let the Provider decide whether to consume the forecast or not?
  - This approach isn't standard per the national IG. The IG defines a set of transactions related (see tables 7-2 and 11-2). Responding with a Z32 message upon receiving a Z42 message is inconsistent with the national IG and should be avoided. Because the national IG does not exclude particular LOINC codes from a given profile, a forecast may be included in both Z32 and Z42 messages so they – in essence – overlap, but each meet the requirements of their respective profiles. For MU3, EHRs will be required to consume and display a Z42 response. IIS will need to declare readiness for returning a Z42.

- Profile Z31 in the CDC IG provides information about what needs to be done in case there are a list of potential matches for a query. Is there any standard for the threshold of the maximum number of potential matches that an IIS sends?
    - No, the IIS maximum is a local policy decision. Keep in mind that the sending system also uses RCP-2 to set an upper limit on the number of candidates it will accept in response to a query. It expects that a responding system will send no more candidates that this number. The maximum number of candidate patients should be no more than the lower of these two numbers.
- Can a derived specification use data elements with an Optionality of B (backwards compatible) or W (withdrawn)?
    - Per Chapter 2 (Conformance) of the base standards, derived specifications can still use Backwards Compatible data elements (they can be assigned a Usage of R, RE, O or C(a/b)).
    - Elements in the base standards with an Optionality of W (withdrawn) can only be given a Usage of X in a derived specification.

Evaluating Conformance

- When should the receiving system apply Conformance Statements and other requirements from the IG?
    - The receiving system should only validate that a message conforms with a particular standard when the message is claiming conformance to a specific profile via MSH-21. Messages should not be put through conformance validation if MSH-21 is not populated. It is a local trading partner decision as to whether or not the receiving system will accept a message does not claim conformance to a particular profile.

Declaring Readiness for Meaningful Use Stage 3 (MU 3)

- Before an IIS can declare readiness for MU Stage 3, several key aspects of the Release 1.5 IG must be implemented or expected to be implemented by Jan 1 2018.
    - The IIS must be able to accept the Z44 Request for Evaluated History and Forecast query message and respond with an appropriate response message as documented in the IG (typically a Z42 Return Evaluated History and Forecast message). If the IIS is only able to return a Z32 Return Complete Immunization History, then the IIS cannot claim readiness, even if the Z32 contains observations related to both evaluated history and forecast.
    - The IIS must be able to accept NDC codes for new administration messages. Support for NDC is only required for incoming VXU messages, the IIS is not required to return the original NDC in query results. It is the spirit of the regulation that for new administrations all IIS will be able to accept NDC codes alone (and drive all business requirements based on the NDC code alone) and all IIS are highly encouraged to evolve their systems to meet this requirement. When processing a message, the IIS may immediately convert the received NDC to CVX or its own internal representation. This means that IIS may be able to upgrade to support NDC by simply mapping the new codes into the current IIS representation and thus preserve current workflow processes and business logic associated with receiving CVX codes. However in the short term,

while IIS must be able to accept an NDC code without logging an error, local guides may further constrain the usage of RXA-5 to also require the cognate CVX code also be sent. RXA-5 uses a data type of CE which allows for sending of both an ID (using one coding system) and an alternate ID (using a different coding system) as long as both codes are close synonyms. In this case, the NDC code should be sent in one triplet while the CVX code should be sent in the other. No preference for order should be given by the IIS. Note that 2015 EHR certification does NOT test the ability of a certified EHR to send both the NDC and CVX code in RXA-5 for a given administration.

Questions about this FAQ?
Contact the AIRA Technical Assistance Team
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