



Clinically Enhanced Data

Rx Data Requirements

8/16/2012

	Field Name	Opt	Preferred format	Table
1	MHA Hospital ID	R	3 digits	
2	Medical Record Number	R		
3	Patient Account Number	R		
4	Patient DOB	R	YYYYMMDD	
5	Patient Sex	R	See reference table	1
6	SSN# (last 4)	R	4 digits	
7	Admit Date/Time	R	YYYYMMDDHHMMSS	
8	Discharge Date/Time	O	YYYYMMDDHHMMSS	
9	Rx Order Number	R		
10	Order Type	C	See reference table	2
11	Ordering Provider	O	NPI	
12	Date/Time of Order	O	YYYYMMDDHHMMSS	
13	Strength	R		
14	Strength Units	R	See reference table	3
15	Order Start Date	R	YYYYMMDD	
16	Order End Date	C	YYYYMMDD	
17	Duration	C	In number of days	
18	Drug ID (internal)	R		
19	Drug Code	C	RxNorm	
20	Drug Name	R	text	
21	Give Amount Minimum	R		
22	Give Amount Maximum	C		
23	Give Units	R	See reference table	3
24	Route Code	R	See reference table	4
25	Route Text	O	text	
26	Interval	R	See reference table	5
27	Order Status	C	See reference table	6
28	Component	C	Default "N"	
29	PRN	C	Default "N"	
30	Patient Allergies	O	text	
31	Comments	O	text	

Rx Data Requirement Notes:

- Fields 1 (MHA Hospital ID), 2 (Medical Record Number), 3 (Patient Account Number), and 7 (Admit Date/Time) are required to link to the UB data.
- If only ADHF (Acute Decompensated Heart Failure) data is included, patients with any of the following ICD-9-CM codes as a principal diagnosis should be included:
 - 428.xx heart failure
 - 398.91 rheumatic heart failure
 - 402.01, 402.11, 402.91 hypertensive heart failure
 - 404.01, 404.03, 404.11, 404.13, 404.91, 404.93 hypertensive heart failure and kidney failure
- Optionality: R=Required, O=Optional, C=Conditional
- Note: The Pharmacy data focus is on **Drug Orders** and not Drugs **Administered**.

Data Field Notes:

1 MHA Hospital ID

3-digit number assigned to your hospital by MHA. Same as UB data.

2 Medical Record Number

3 Patient Account Number

Can be hospital internal number. Same as UB data.

4 Patient Date of Birth

5 Patient Sex

Reference Table 1:

A	Ambiguous
F	Female
M	Male
N	Not applicable
O	Other
U	Unknown

6 Patient Social Security Number

Only include last 4 digits.

7 Admit Date/Time

8 Discharge Date/Time

9 Rx Order Number

This may be a unique, internal number assigned to the order by the hospital/pharmacy system.

10 Order Type

Reference Table 2:

I	Inpatient Order
O	Outpatient Order
P	Patient Reported

Required if sending more than inpatient orders (such as discharge medications). If your system is not able to send in this format, we can map if provided with your data definitions.

11 Ordering Provider

Prefer NPI.

12 Date/Time of Order

13 Strength

The strength of the medication. E.g., "500" (for 500MG).

14 Strength Units

The unit of measure for the strength.

Reference Table 3:

Code	Description	Type
%	PerCent	
ACT	Acutation	Dose unit only
APP	Application	Dose unit only
CAN	Canister	Dose unit only
CAP	Capsule	Dose unit only
DEV	Device	Dose unit only
DOSE	Dose	Dose unit only
DROP	Drop	Dose unit only
GRAM	Gram	
GRAM/ML	Gram/milliliter	
INCH	Inch	
INH	Inhalation	Dose unit only
KIT	Kit	Dose unit only
LOZ	Lozenge	Dose unit only
MCG	Microgram	
MCG/HR	Microgram/hour	
MCG/KG	Microgram/kilogram	
MCG/KG/HR	Microgram/kilogram/hour	
MCG/KG/MIN	Microgram/kilogram/minute	
MCG/MIN	Microgram/minute	
MCG/ML	Microgram/milliliter	
MEQ	Milliequivalent	

MEQ/L	Milliequivalent/liter	
MEQ/ML	Milliequivalent/milliliter	
MG	Milligram	
MG PE	Milligram phenytoin equivalent	
MG/HR	Milligram/hour	
MG/KG	Milligram/kilogram	
MG/KG/HR	Milligram/kilogram/hour	
MG/M2	Milligrams/square meter body	
MG/MIN	Milligram/minute	
MG/ML	Milligram/milliliter	
MG/PATCH	Milligram/patch	
ML	Milliliter	
ML/HR	Milliliter/hour	
ML/KG	Milliliter/kilogram	
ML/KG/HR	Milliliter/kilogram/hour	
MMOL	Millimole	
MU	Million units	
OZ	Ounce	
PACKET	Packet	Dose unit only
PATCH	Patch	Dose unit only
SPRAY	Spray	Dose unit only
SUPP	Suppository	Dose unit only
TAB	Tablet	Dose unit only
TBSP	Tablespoon	Dose unit only
TSP	Teaspoon	Dose unit only
TUBE	Tube	Dose unit only
UNIT/ML	Unit/milliliter	
UNITS	Units	
UNITS/HR	Units/hour	
UNITS/KG	Units/kilogram	
UNITS/KG/HR	Units/kilogram/hr	
UNITS/MIN	Units/minute	

15 Order Start Date

Used to specify the first date/time that the medication should be administered

16 Order End Date

Used to specify the date/time that the medication should be discontinued (not administered). Either End Date or Duration is required.

17 Duration

Used to specify the number of days that the medication should be administered. Either Duration or End Date is required.

18 Drug ID

Internal hospital drug number.

19 Drug Code

RxNorm or NDC or SNOMED code for this drug order. Required if available.

20 Drug Name

Text description of the drug referred to in #18 and #19.

21 Give Amount Minimum

For varying amount orders, this should be the minimum amount of medication to be given to the patient per dose. For non-varying order, it is the exact amount to be given with each dose. The give amount may refer to a strength, volume, or number of tablets/capsules, etc. For example, for a dosage of Tylenol 650mg, the patient might receive two 325mg tablets per dose. The give amount, in this case, could be "650" or "2". The unit of measure in each case (e.g., mg or tablets) will be defined in the "Give units" (see #22).

22 Give Amount Maximum

In a varying amount order, this is the maximum ordered amount of medication to be given with each dose. In a non-varying dose order, this field can also contain the exact amount, but this is optional. If the maximum dose is the same as the minimum dose, this will be interpreted as being an order with non-varying dosage amounts.

23 Give Units

This field clarifies the unit of measure for the Give minimum/maximum and Strength Units fields.

See [Reference Table 3](#) above.

24 Route Code

[Reference table 4:](#)

HL7 TABLE 162 - ROUTE OF ADMINISTRATION

Value	Description	Item #
AP	APPLY	502
B	BUCCAL	503
DT	DENTAL	504

ETT	GASTROSTOMY/ NASOGASTRIC will map to enteral tube	505
GU	GU IRRIGANT	506
IA	INTRA-ARTERIAL	507
IC	INTRACARDIAC	508
ID	INTRADERMAL	509
IH	INHALATION	510
IM	INTRAMUSCULAR	511
IN	INTRANASAL	512
IO	INTRAOCULAR	513
IP	INTRAPERITONEAL	514
IS	INTRASYNOVIAL	515
IT	INTRATHECAL	516
IV	INTRAVENOUS	517
NS	NASAL	518
NG	NASOGASTRIC (will map to enteral tube) *See above*	519
OP	OPHTHALMIC	520
OT	OTIC	521
PO	ORAL	522
PR	RECTAL	523
SC	SUBCUTANEOUS	524
SL	SUBLINGUAL	525
TP	TOPICAL	526
TD	TRANSDERMAL	527
TL	TRANSLINGUAL	528
UR	URETHRAL	529
VG	VAGINAL	530

MISC	MISCELLANEOUS/OTHER	531
INJ	INJECTION	532

25 Route Text

Text description of Route Code, #24.

26 Interval

Code for the frequency (interval) in which the drug is to be administered. Also note #29, PRN.

Reference table 5:

AC	Before meals
BID	Twice a day
BIW	Twice a week
CONT	Continuous
EMP	As directed
EOD	Every other day
HS	At bedtime
NOCT	At night
PC	After meals
PRN	As needed
Q10H	Every 10 hours
Q11H	Every 11 hours
Q12H	Every 12 hours
Q15H	Every 15 hours
Q2H	Every 2 hours
Q30M	Every 30 minutes
Q3H	Every 3 hours
Q48H	Every 48 hours
Q4H	Every 4 hours
Q5H	Every 5 hours
Q6H	Every 6 hours
Q72H	Every 72 hours
Q7H	Every 7 hours
Q8H	Every 8 hours
Q9H	Every 9 hours
QAM	Every morning
QD	Once a day
QH	Every hour
QID	Four times a day
QIW	Four times a week
QPM	Every day afternoon
QWK	Every week

TID	Three times a day
TITRATE	Titrated
TIW	Three times a week
X1	One time

27 Order Status

Reference Table 6:

CA	Order was cancelled (Before administered)
CM	Order was completed
DC	Order was discontinued (After administered)

28 Component

Is this a component of a compound drug? “Y” or “N”. Required if “Y”.

29 PRN

Is this prescription PRN (as needed)? “Y” or “N”. Required if “Y”.

30 Patient Allergies

Text description of any allergy information for this patient.

31 Comments