surescripts

Medication History Companion Guide

surescripts

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1. Medication History Overview

About Medication History

> This is early adopter documentation. Information is subject to change.

The Surescripts Medication History services provide prescribers with the electronic delivery of PBM/payer claim data and/or pharmacy fill data.

- The Surescripts Medication History for Ambulatory services are designed to allow authorized health care providers and their authorized agents to electronically access a patient's medication history. This includes, but is not limited to, PBM/payers and retail pharmacies only in connection and conjunction with the treatment of a specific patient in an ambulatory visit or another specific treatment event.
- The Surescripts Medication History for Reconciliation services are designed to allow authorized health care providers and their authorized agents in the Acute Care settings to electronically access a patient's medication history, including but not limited to, information from PBM/payers and retail pharmacies for the purpose of medication reconciliation.
- The Surescripts Medication History for Long-Term Post-Acute Care (LTPAC) services are designed to allow authorized health care providers and their authorized agents in the LTPAC settings to electronically access a patient's medication history, including but not limited to, information from PBM/payers and retail pharmacies for the purpose of medication reconciliation.

> **Note:** Content in this guide applies to all products listed above unless specified otherwise in the sections below.

About This Guide

This Surescripts Medication History Companion Guide was created to assist customers in developing and transmitting messages needed to provide medication history to physicians in Ambulatory or Acute settings and Long-Term Care (LTC) facilities.

> **Notes:**
>
> - The terms "message" and "transaction" are used interchangeably throughout this guide. "Transaction" is used when referencing language pulled directly from a standards organization document which uses the term "transaction".
> - The term "data supplier" may be used throughout this guide when information applies to either a PBM/payer or a pharmacy supplied record.

Note Usage

Throughout this guide, different note styles are used for the following purposes:

> **Note:** This is used when a Note is required for content specific to Surescripts.

> **Reference:** This is used when referencing NCPDP documentation.

Document References

Please reference the following documents when reading this companion guide:

Surescripts provided materials
Surescripts Connectivity and Authentication Implementation Guide
Surescripts Eligibility Companion Guide
Surescripts Error Guidance Supplement
Medication History 4.0 Translation Matrix

External materials to be obtained by the customer (available at www.NCPDP.org)
NCPDP SCRIPT Standard 2023011 files: **Note**: Schema files version may change and will not be considered final until published in the Generally Available guide. • XML files (schemas) 20230115 • NCPDP SCRIPT Implementation Guide V2023011 (May 2024 republication) • XML Standard Guide V2022071 **Note**: The XML Standard only updates when the guide changes. The latest version is 2022071. NCPDP does not retroactively update XML versions with each new SCRIPT/Specialized Standard. This Standards Matrix shows the XML Guide version for each Standard. • V2023011 SCRIPT Standards Examples Guide V10
NCPDP SCRIPT Implementation Recommendations (latest version)
NCPDP External Code List (ECL) V202301 (NCPDP online tool)

NCPDP SCRIPT

This guide utilizes the NCPDP (National Council for Prescription Drug Programs) messaging standard Prescriber/Pharmacist Interface SCRIPT version 2023011 as a baseline. To become an NCPDP member, please go to **https://www.ncpdp.org/Membership.aspx**.

The NCPDP SCRIPT Standard 2023011 package contains a complete list of fields and additional requirements. Customers should read and comprehend the associated standards prior to reading this guide.

NCPDP is an American National Standards Institute (ANSI) accredited Standard Development Organization. The NCPDP "SCRIPT" standard is a copyrighted document and may be obtained by contacting:

NCPDP
9240 E. Raintree Drive
Scottsdale, AZ 85260-7518
Phone: (480) 477-1000
Fax: (480) 767-1042
https://www.ncpdp.org

2. Product Integration & Production

Integration Process

When a customer begins integrating a Surescripts product into their application(s), they will be provided access to all the Surescripts documentation pertaining to the product being implemented. In addition, customers will be provided access to the staging environment to design, develop and test the product integration within their application.

> **Note:** The time frame of the project can vary depending on the customer's resource allocation for the project.

Meeting Requirements

During Integration, customers will ensure their system has met all product requirements. The Certification Testing will focus on message format, application workflow and display in accordance with Surescripts documentation and the associated Application Certification Requirements (ACRs). Upon successful completion of certification and, when applicable, other pre-production network requirements (e.g., Identity Proofing, Attestations, DEA audit), customers will be enabled in production.

For requirements, consider the following:

- Surescripts ACRs are required to be met to achieve production status on the Surescripts network and will be enforced as part of certification.
- To ensure high-quality transactions, Surescripts applies additional business rules above and beyond the NCPDP schema defined requirements that will cause a message to be successful or rejected.
- Surescripts test cases do not cover all possible scenarios in production. Customers are responsible for testing any other applicable scenarios specific to their production environment.
- In accordance with the customer's legal agreement with Surescripts, each customer is responsible for ensuring compliance with all applicable laws including, but not limited to, local and state laws/regulations where doing business.

Surescripts Terminology Usage

For terminology usage throughout this guide, consider the following:

Term	Term Usage
must	Requirements that are enforced as part of the production code or by Surescripts business rules. **Note:** Some business rules reside in the element details section of the guide.
shall	The requirements customers are required to meet in order to be certified on the Surescripts network. These requirements will be enforced as part of certification, not through business rules.
should	Used for guidance and best practices to produce superior results and enhance electronic messaging. Best practices can also be found in the Best Practice sections. Customers are encouraged, but not required, to meet best practices in order to be certified on the Surescripts network.
M.###	Designates a Surescripts Medication History ACR.
S.###	Designates an ACR that is shared with other Surescripts products.

> **Note:** Application certification requirements are found throughout the Guide and summarized in the **Application Certification Requirements Summary**.

Transition to Production

Once certification and the contract are complete and approved by the Surescripts Certification Review Board, the customer is ready to move into production. Surescripts will configure the production connection and validate successful operations with the customer. Prior to the transition to production, Surescripts Account Management will work with the customer and internal Surescripts teams to discuss the following:

- Production support contacts (Escalation Matrix)
- Support process and training
- Support hours

Communication Rules

Please refer to the Connectivity and Authentication Guide for additional connectivity and authentication information. For the network to be reliable, there are communication rules to which all customers must adhere.

Synchronous Processing

Each message that Surescripts submits to a customer has a time-out parameter. If Surescripts does not get a response from the data supplier within the specified time period, the RxHistoryRequest message times out. If an RxHistoryRequest timeout occurs, an error will be indicated in the RxHistoryResponse message returned to the sender. If the sender has timed out in the response to the delivered RxHistoryResponse, the message audit will indicate that the message was not successfully delivered.

- When sending a message to Surescripts, the provider vendor system should set the http timeout to no less than 30 seconds.
- A receiving system must reply with a valid response within 10 seconds.

UTC Time Format

By using Coordinated Universal Time (UTC), the receiver of a message will know the time regardless of their time zone. For example: If a message was sent from Boston at 5:30PM EDT (Eastern Daylight Time), the time would be sent as 21:30 UTC time. If this message was received in Chicago CDT (Central Daylight Time), the 21:30 UTC could be converted to the local CDT time of 4:30PM. Refer to **http://en.wikipedia.org/wiki/Coordinated_Universal_Time**, or **http://www.w3.org/XML/** for more information. UTC time must be synchronized with NIST (National Institute of Standards and Technology) and the difference must be less than one minute. Drift of no more than one minute will be acceptable.

When sending only a Date (not Date and Time), it should be sent in your local time zone, and the receiver should interpret it in their local time. Neither party should attempt to convert the Date to UTC.

All standard programming languages should have a function for generating a date in the UTC time zone or displaying a date in the local time zone. The format of the date/time fields in the XML schema must use the xsd:dateTime format. Examples of that format are: CCYY-MM-DDTHH:MM:SS.FZ, where the UTC time zone may be specified as Z, + 00:00, or - 00:00. For example, 2013-01-01T16:09:04.5Z, or 2013-01-01T16:09:04.5-00:00, or 2013-01-01T16:09:04.5+00:00, where 16:09:04.5Z would be 16 hours, 09 minutes, 04 seconds, 5 fractional seconds. UTC time is denoted by either the “Z” in the first example or the “-00:00” in the second example, or the “+00:00” in the third example. The fractional seconds is not required. Refer to xsd:dateTime for more information.

For simple date fields that do not include the time portion, the format is: CCYY-MM-DD.

Character Set

The character set contains ASCII values 32 – 126, which includes:

Character Type	Characters
Symbols	! " # $ % & ' ( ) * + , - . / : ; < = > ? @ [\ ] ^ _ ` { | } ~
Numerals	Ø to 9
Letters, upper and lower case	A to Z, a to z

Unprintable characters, such as control characters, are not used within the field sets. Defined unprintable characters are used as delimiters.

UTF-8 is the required character encoding for XML. Other encoding formats are not supported by Surescripts.

> **Note:** It is recommended that customers declare their UTF-8 formatting in the message header.

Reference: NCPDP XML Standard, Version 2022071. Sec. 13.1.4: Page 83

Compliance

Surescripts goal is efficiency and consistency across the network so all customers can meet the highest measures of patient safety, end-to-end reliability, and quality. To ensure that customers comply with and adhere to the approved certification requirements, Surescripts:

- Monitors customers in production to ensure all network customers remain in compliance with certification requirements and contractual terms.
- Initiates a remediation process for identified compliance issues.

To ensure network and patient safety, customer agrees to notify Surescripts of any modifications through use of the Surescripts recertification form. Upon receipt of this form, changes will be reviewed, and a determination made as to what (if any) level of certification may be required before being placed into production.

When changes are made to a customer's implementation, the customer should advise their account manager. The customer will be given a recertification guide to provide details regarding the changes made. Upon receipt of the completed document, the details will be reviewed, and a determination will be made as to what (if any) level of recertification is necessary.

As a reminder, Surescripts conducts certification with customers to ensure the application adheres to network requirements. Surescripts will enforce mandatory fields as required by the Standards body and Surescripts guide requirements. To maximize interoperability, customers are recommended to support optional fields that have been created to address gaps in discrete data needs and the many solutions that are in place for the benefit of the receiver. Surescripts encourages, but does not guarantee, the use of optional discrete fields to support end user workflows.

This guide is intended for certification on our network only and is not intended to ensure compliance with state and federal law. In accordance with the customer's legal agreement with Surescripts, each customer is responsible for conducting its own due diligence to ensure compliance with all applicable laws and requirements, including, but not limited to, local and state laws and regulations in which the customer's application is deployed and used.

3. Messages Overview

Message Descriptions

RxHistoryRequest

The provider sends patient demographic information in the RxHistoryRequest message. Providers can request for up to 12 months of history from the date of the request.

> **Note:** In an acute setting, if the patient encounter spans multiple days, Medication History Requests should be sent no more than twice during the patient's stay.

RxHistoryResponse

The RxHistoryResponse message returns information about outpatient prescriptions that the patient's PBM/payer has paid for over a selected period of time and contains retail fill data from pharmacies connected to Surescripts for Medication History.

Up to 300 medications are returned within the dates requested within the last 12 months, starting with the most recent. See RequestedDates in the **RxHistoryRequest XML Requirements** section for more information.

> **Note:** When more medications are available to be returned to the provider vendor within the timeframe requested, the RxHistoryResponse will include a More Medications Available indicator in the Response/Approved/ReasonCode (AQ - More Medication History Available) and then another RxHistoryRequest can be sent by the provider vendor to obtain additional medication history.

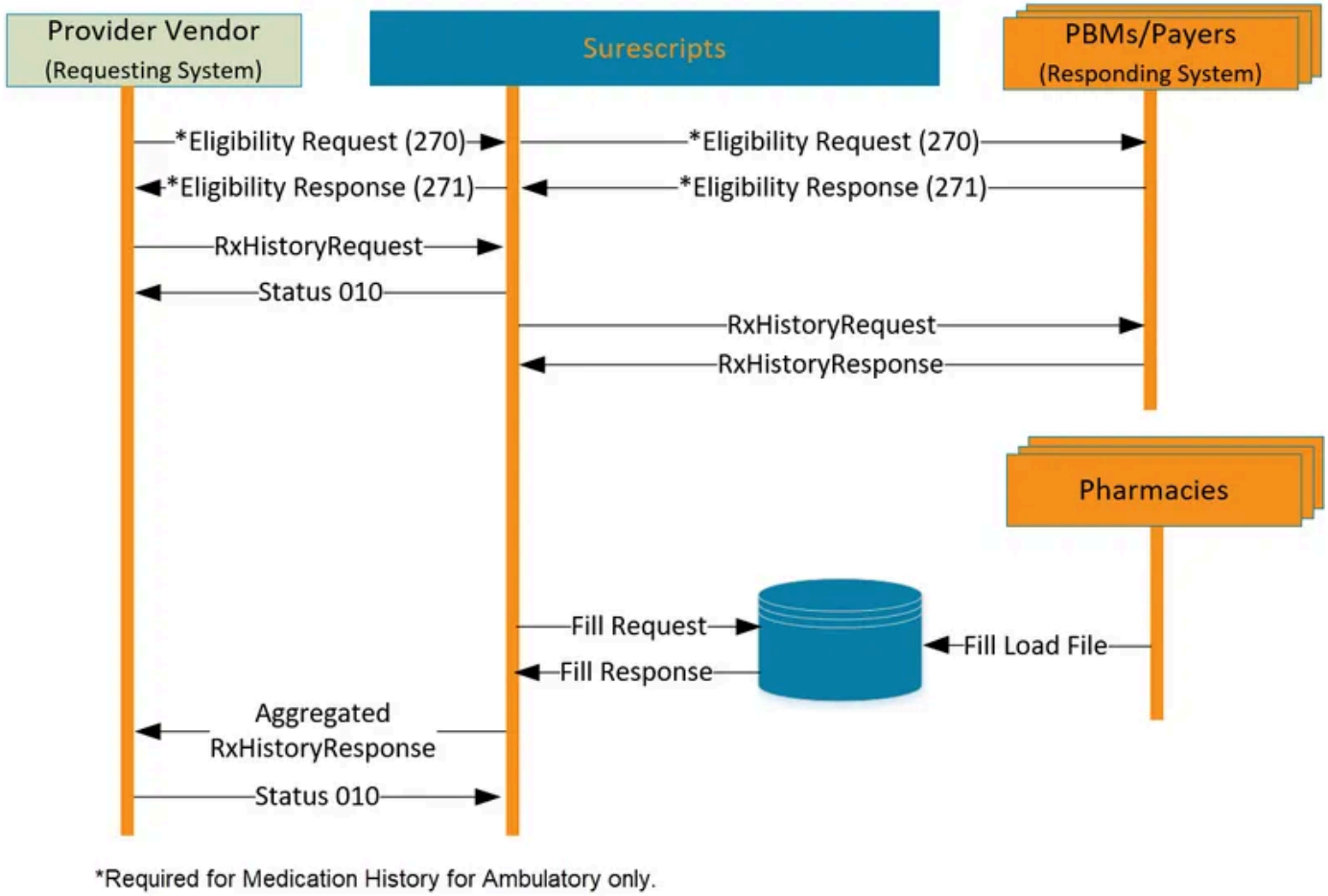
IIN (Issuer Identification Number) Truncation

Per NCPDP, since 8-digit IINs are now being assigned, use the first 6 digits of the IIN as the BIN even if the first digit(s) is a zero. Once new version of the NCPDP Telecommunication Standard is adopted, truncation will no longer be necessary. Refer to **NCPDP Processor ID (BIN)** for more information.

For example, an IIN that is 8-digits (e.g., 12345600) will be truncated to include the first 6-digits (e.g., 123456).

Medication History Request/Response Message Flow

The graphic below depicts the optimal message flow between customers.



The following steps depict the basic workflow of a Medication History message:

∗1. Medication History for Ambulatory: The Eligibility Request (270) is sent by the provider vendor system to Surescripts to obtain eligibility information. The Interchange Control Number (ISA13) from the Eligibility Response (271) is sent in the RxHistoryRequest.

> **Note:** This also applies to Medication History for Reconciliation customers who perform an Eligibility Request (270).

2. Provider vendor system sends an RxHistoryRequest message to Surescripts.

3. Provider vendor system receives a Status 010 response from Surescripts acknowledging receipt.

4. PBM/payer system receives an RxHistoryRequest message from Surescripts.

5. PBM/payer system sends a synchronous RxHistoryResponse message to Surescripts.

6. Surescripts Fill Database receives an RxHistoryRequest message from Surescripts.

7. Surescripts Fill Database sends a synchronous RxHistoryResponse message to Surescripts.

8. Provider vendor system receives an asynchronous aggregated RxHistoryResponse message (including both fill and claim records) from Surescripts.

> **Note:** In cases where the patient was found and no medications were available, the provider vendor system will receive an asynchronous RxHistoryResponse message from Surescripts with Response/Approved/ReasonCode = 'DJ' and Note = "Although a patient record was found, no medications were available."

9. Provider vendor system sends a synchronous Status 010 response to Surescripts acknowledging receipt.

Example Response Scenarios for Multiple Sources of Data

Example 1: Valid RxHistoryRequest Example - MPI (Master Patient Index) Returns PBM/payers and/or Prescription Fill Patient Records

RxHistoryRequest Data Sources			RxHistoryResponse (Aggregated Response)		
Surescripts	Data Source 1	Data Source 2	Description	Response Segment	Additional Messaging Elements
Successful Processing	Medications	No medications	RxHistoryResponse: All medications found	Approved	
Successful Processing	Medications	Error encountered - potentially causing some medication records to have been unavailable.	RxHistoryResponse: All medications found	Approved	RxHistoryResponse/Response/Approved/ReasonCode = "DM" AND Note = "Not all medication history sources were accessible at this time.
Successful Processing	Medications	Error encountered - additional requests will continue to error, with no likelihood of medications being returned.	RxHistoryResponse: All medications found	Approved	
Successful Processing	No medications	Error encountered - additional requests will continue to error with no likelihood of medications being returned.	RxHistoryResponse: No medications	Approved	RxHistoryResponse/Response/Approved/ReasonCode = "DJ" AND Note = "Although a patient record was found, no medications were available."
Successful Processing	No medications	Error encountered - potentially causing some medication	RxHistoryRes	Approved	RxHistoryResponse/Response/

Example 1: Valid RxHistoryRequest Example - MPI (Master Patient Index) Returns PBM/payers and/or Prescription Fill Patient Records					
		records to have been unavailable.	ponse: No medications		Approved/ReasonCode = "DM" AND Note = "A processing error occurred. No medication history was returned."
Successful Processing	No medications	No medications	RxHistoryResponse: No medications	Approved	RxHistoryResponse/Response/ Approved/ReasonCode = "DJ" AND Note = "Although a patient record was found, no medications were available."
Error encountered - potentially causing some medication records to have been unavailable.	No medications	No medications	RxHistoryResponse: No medications	Approved	RxHistoryResponse/Response/ Approved/ReasonCode = "DM" AND Note = "A processing error occurred. No medication history was returned."
Successful Processing	Error encountered - potentially causing some medication records to have been unavailable.	Error encountered - additional requests will continue to error with no likelihood of medications being returned.	RxHistoryResponse: No medications	Approved	RxHistoryResponse/Response/ Approved/ReasonCode = "DM" AND Note = "A processing error occurred. No medication history was returned."

Example 2: Valid RxHistoryRequest - No MPI Records Returned

RxHistoryRequest Data Sources			RxHistoryResponse (Aggregated Response)		
Surescripts	Data Source 1	Data Source 2	Description	Response Segment	Additional Messaging Elements
Successful Processing	N/A	N/A	RxHistoryResponse: No medications	Approved	RxHistoryResponse/Response / Approved/ReasonCode = "DJ" AND Note = "Patient Not Found."

Medication History Features

Surescripts has created a number of optional features for partners to configure to enhance their medication history experience. To enable, please contact your Account Manager with interest and any questions. Below provides an overview of our optional offerings.

Data Deduplication and Augmentation Information

Data deduplication and augmentation are optional features and require no additional configurations or certification by the provider vendor. In certain use cases, the customer may opt-in to one or both features.

Information provided through the Medication History Response may have been enhanced (cleansed, translated, augmented, and remediated) using an algorithm designed and executed by a third party or Surescripts, with the goal of improving data quality. It is possible, however, for mistakes to occur. It is the responsibility of the treating health care provider (not the responsibility of Surescripts) to verify this information through other means, for all patients, before relying on the information to diagnose or treat the patient or to bill for goods or services.

Notes:

- Surescripts will never over-write or replace existing data from data suppliers.
- The complete set of medication dispense records, prior to data deduplication, will be available for review within the customer's Surescripts Workbench Message Search account.
- Logic used to identify duplicates and data fields augmented is subject to change. Please work with a Surescripts Account Manager or Surescripts resource for more information.

Sig IQ

Surescripts translates free-text Sigs into structured and codified (S&C) formats using the NCPDP standard, prescription data, and pharmacist review. This helps standardize dosing instructions and improves clinical clarity. A partner must first create a mapping table of SNOMED codes based off the NCPDP SCRIPT Structured and Codified Sig Format Implementation Guide for the outgoing NewRx and then ourthe Surescripts Sig IQ Database can be applied.

Extensibility

Extensibility was added to allow trading partners a consistent way to include additional information in the messages. It was created to enable the integration of extra information in messages in a safe and meaningful way, it can help streamline testing of new data

elements, maintain the standard's simplicity while accommodating uncommon use cases, and most importantly, paves a quicker path to introducing new features that benefit patients, providers, pharmacies, and payers.

- Surescripts will not validate data in extensions beyond the schema requirements.
- It is recommended that partners do not reject transactions that include an extension that is not expected and instead ignore the information. When using extensions, the following rules must be observed:
  - The core schema must be followed.
  - Extensions must not contradict the base standard.
  - Extensions must not alter content from the base standard.
  - Extensions must not be used when standard fields are available.
  - External Code List values cannot be modified by extensions.

Surescripts has created two extensions with the roll-out e out of the SCRIPT Standard 2023011:

- Therapeutic Class
- Acute vs Maintenance Medication

> **Note:** Please work with your Surescripts Account Manager or Surescripts resource for more information.

Acknowledgement Messages

This section contains acknowledgment details, workflows, and scenarios.

Status

Status is used to indicate to the sender that the message was accepted for processing. A Status is always a synchronous response.

> **Notes:**
>
> - Surescripts returns a Status 010 to the provider vender upon receipt of the RxHistoryRequest indicating that the request was accepted for message processing.
> - Provider vendors are required to send a Status 010 in response to an RxHistoryResponse indicating that the message processing is complete and was successful.
> - Data suppliers do not send Status messages.

Status Best Practice

DescriptionCode is an optional element that contains codes suitable for use on error messages only. DescriptionCode element should not be used on a Status message.

Error

Indicates that an error has occurred. An error can be generated when there is a communication problem or when an error occurs during the processing of the message.

- Surescripts only sends errors synchronously to provider vendors.
- **Note:** Surescripts does not support an asynchronous error message sent from the data supplier.

- When Surescripts receives a synchronous error message from the provider vendor upon receipt of the asynchronous RxHistoryResponse, Surescripts adds a log code on the audit of the message indicating an error was returned.

Acknowledgment Message Table

Message Type	Code	Meaning(s)	As Sender	As Receiver
Status	010	Confirms successful delivery and acceptance of a message to its final destination. The final acknowledgement message to close the transaction workflow. No further acknowledgement message should follow.	Synchronous response indicates the process is complete.	Subsequent acknowledgement message should not be expected.
Error	600, 601, 602, 700, 900	Can be generated when there is a communication problem or when an error occurs during the processing of the message. Closes the transaction workflow. Subsequent acknowledgement messages should not be expected.	Send to communicate that the transaction failed. Do not send if a transaction workflow has already been closed (Status 010).	After receiving an Error, do not expect subsequent acknowledgement messages. Do not respond to an Error message with an Error message.

Error Codes

For a full list of NCPDP Error codes (e.g. TransactionErrorCode) and their descriptions, see the online NCPDP External Code List or NCPDP XML schema.

Error Text Table (Immediately Returned to Requester from Surescripts)

The error codes below are tied to codes from the NCPDP External Code List. When applicable, Surescripts will send the code along with an error message. The table below details example error messages.

> **Note:** The table below does not capture every error situation. Error descriptions are subject to change.

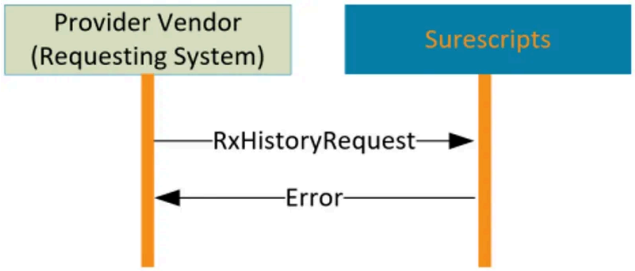
Code	Error Description
900	Found {#} NCPDP 2023011 schema validation error {{s}}. {Description of the schema errors}
900	Sender ID not in directory.
900	Sender portal is inactive.
900	Sender portal not authorized to send RxHistoryRequest messages.
900	Sender organization is inactive.
900	Sender not authorized to send this type of message.
900	Portal config not found for sender.
900	No active medhistory portal config found for sender specified version.
900	Portal configuration error, please contact support.
900	The received message type is an invalid message type for this service.
900	The message format is not recognized as valid for this service.
900	RxHistoryRequest requires an Eligibility - Interchange Control Number (ISA-13) in the BenefitsCoordination/PayerIdentification/MutuallyDefined field.
900	Invalid recipient identifier used in the RxHistoryRequest.
900	Date of birth is required.
900	Full patient LastName is required.
900	Full patient MiddleName is required if initial is sent in the FirstName field.
900	Consent not given.
900	Requested StartDate cannot be in the future or more than one year in the past.
900	Requested StartDate cannot be after EndDate.
900	Facility NPI is required.
900	NPI in Facility is not a valid NPI.
900	NPI in Prescriber is not a valid NPI.
900	Either Prescriber or Facility must be included in the request.
900	Prescriber must be included in Medication History for Ambulatory RxHistoryRequest.
900	Authorization Failed. Sender account not authorized to send with this certificate.
900	Authentication Failed. No valid account matches sender certificate.
900	{#} url format error{{s}}. {Description of the errors}
900	Url id parameter value of {Id from Url} does not match message id value of {Id From Message Header} from message header.
900	Surescripts messaging version specified in the url {Version from Url} does not match version of the message {Version from Message}.

Code	Error Description
900	Medication History requests sent directly to PBMs are not supported at Surescripts.
900	Sender portal not authorized to send Medication History for Ambulatory RxHistoryRequest messages.
900	Sender portal not authorized to send Medication History for Reconciliation RxHistoryRequest messages.
900	Sender portal not authorized to send Medication History for LTPAC messages.
602	Surescripts system error.

Message Workflow Scenarios

The following workflows depict various scenarios in response to an RxHistoryRequest message.

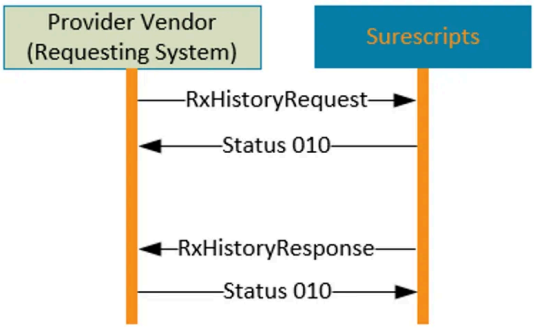
Scenario 1 – Message errors at Surescripts



1a) Provider vendor system sends an RxHistoryRequest message to Surescripts.

1b) Provider vendor system receives an error response from Surescripts.

Scenario 2 – Surescripts has no patient record



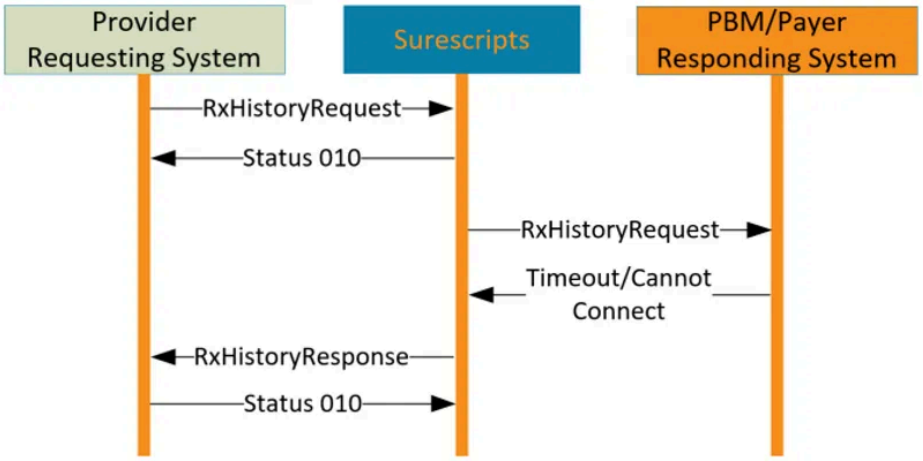
2a) Provider vendor system sends an RxHistoryRequest message to Surescripts.

2b) Provider vendor system receives a Status 010 response from Surescripts acknowledging receipt.

2c) Provider vendor system receives an asynchronous RxHistoryResponse message from Surescripts with Response/Approved/ReasonCode = 'DJ' and Note = "Patient not found".

2d) Provider vendor system sends a Status 010 response to Surescripts acknowledging receipt.

Scenario 3 – Surescripts unable to connect to PBM/Payer



3a) Provider vendor system sends an RxHistoryRequest message to Surescripts.

3b) Provider vendor system receives a Status 010 response from Surescripts acknowledging receipt.

3c) PBM/payer system receives an RxHistoryRequest message from Surescripts.

3d) Surescripts is unable to connect to the PBM/payer system.

3e) Provider vendor system receives an asynchronous RxHistoryResponse message from Surescripts with Response/Approved/ReasonCode = 'DM' and Note = "A processing error occurred. No medication history was returned."

> **Note:** If some medications are returned but not all sources were accessible, provider vendor system will receive an asynchronous aggregated RxHistoryResponse message from Surescripts with Response/Approved/Note = "Not all medication history sources were accessible at this time."

3f) Provider vendor system sends a Status 010 response to Surescripts acknowledging receipt.

Message Validation

Surescripts will ensure that customers are in compliance with the message specifications outlined in this guide during testing and will continue to enforce once in production.

At a minimum, Surescripts validations include:

- XML schema validation
  - Syntax of the message, including field lengths, data types, and code values
- The sender identification and authentication
- Surescripts business rules

> **Note:** Surescripts ACRs are not enforced as part of validations, but instead through the certification process.

4. Element Details

Requirement Designation

Element Attributes

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation).
conditional	The element is to be used per the conditions specified.
business rule	If sent, the element must be used per the Surescripts business rule.
recommended	Surescripts recommends sending the element as a best practice.
not used	Not used by Surescripts.

> **Note:** This guide includes data elements only where Surescripts has specific requirements or further explains the field usage. Refer to the schema for a complete list of fields.

Message Header

Message Header XML Requirements

Element (Message Header)	Code	Comment
To	**mandatory**	This field contains the identification of the receiver. This field is used in conjunction with To/@Qualifier, which qualifies which ID was used. **Medication History for Ambulatory Requests** Request messages from provider vendors to Surescripts will contain “S00000000000001”. Request messages from Surescripts to the data supplier will contain the data supplier's Participant ID. **Medication History for Reconciliation Requests** Request messages from provider vendors to Surescripts will contain “S00000000000002”. Request messages from Surescripts to the data supplier will contain the data supplier's Participant ID. **Medication History for LTPAC Requests** Request messages from provider vendors to Surescripts will contain “S00000000000013”. Request messages from Surescripts to the data supplier will contain the data supplier's Participant ID.
@Qualifier	**conditional**	`business rule` Because the To field must always be sent, the Qualifier must also be sent. Values: ZZZ = Mutually Defined
From	**mandatory**	This field is used in conjunction with From/@Qualifier, which qualifies which ID was used. **Medication History for Ambulatory, Reconciliation, and LTPAC Requests** Request messages from provider vendors to Surescripts will contain the Provider Vendor Participant ID assigned by Surescripts. Request messages from Surescripts to PBM/payer will contain the Provider Vendor Participant ID assigned by Surescripts. **Responses for Claim History** Response messages from Surescripts to the provider vendor will contain either S00000000000001, S00000000000002, or S00000000000013.
@Qualifier	**conditional**	`business rule` Because the From field must always be sent, the Qualifier must also be sent. Value: ZZZ = Mutually defined
MessageID	**mandatory**	The sender should ensure the combination of the From and MessageID elements is unique for at least 18 months. Surescripts recommends an unformatted Globally Unique Identifier (GUID).
SentTime	**mandatory**	Date of the transmission. Please see **UTC Time Format** section.
TestMessage	**conditional**	When sent, allowable values must match platform that message is being sent to. Values: 1 or true = Test (Required in staging environment.) All other values = Live (Production) It is recommended not to send this field when in production.

Medication History Request

Medication History request for a patient is sent to Surescripts.

RxHistoryRequest BenefitsCoordination Element Requirements

> **Note:** Surescripts requires the BenefitsCoordination in the RxHistoryRequest.

Element (RxHistoryRequest)	Code	Comment
PayerIdentification	**conditional**	
MutuallyDefined	**conditional**	`business rule` If the eligibility request is required, the ISA control number (ISA13) from the 271 Eligibility response must be populated in this field.
Consent	**conditional**	Patient consent indicator. `business rule` Consent field must be sent as Surescripts echoes this information in the RxHistoryResponse. **Values**: Y = Patient consents X = Parent consents for child **Note**: Values 'N', 'P', 'Z' and 'TPO' will be treated as no consent and message will be rejected.

RxHistoryRequest Facility Element Requirements

> **Note:** Facility is required when the Prescriber element is not provided for Medication History for Reconciliation or Long-Term Post Acute Care (LTPAC) RxHistoryRequests.

Element (RxHistoryRequest)	Code	Comment
Identification	**mandatory**	
NPI	**conditional**	`business rule` NPI is required if Facility element is included. Provider vendor should populate this field with the organizational NPI. **Note:** If a pharmacist is requesting Medication History on behalf of a healthcare organization, the organizational NPI for the healthcare organization should be sent in the RxHistoryRequest. Must be a valid 10-digit NPI and must be associated to a valid user in the National Plan and Provider Enumeration System (NPPES). In the Staging environment, the NPI check digit will be validated using the LUHN formula. For specific information see: **https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/Downloads/NPIcheckdigit.pdf** **Note:** Surescripts updates NPI data weekly from NPPES. It may take up to one week for new NPIs to be considered valid.
FacilityName	**conditional**	`business rule` FacilityName is required for Medication History for Reconciliation if Facility element is included.

RxHistoryRequest Patient Element Requirements

Element (RxHistoryRequest)	Code	Comment
NonHumanPatient	**not used**	Surescripts does not support the NCPDP SCRIPT elements for nonhuman patients.
HumanPatient	**mandatory**	
Names	**mandatory**	
Name	**mandatory**	
LastName	**mandatory**	Aids in patient matching.
FirstName	**mandatory**	Aids in patient matching.
MiddleName	**recommended**	Recommended to send to aid in patient matching.
Address	**recommended**	Recommended to send to aid in patient matching.
PostalCode	**recommended**	Recommended to send to aid in patient matching.
CommunicationNumbers	**recommended**	Recommended to send to aid in patient matching.
PrimaryTelephone	**mandatory**	If CommunicationNumbers is sent, PrimaryTelephone must be sent.

RxHistoryRequest Prescriber Element Requirements

> **Note:** Surescripts requires the Prescriber element for all Medication History for Ambulatory RxHistoryRequests and for Medication History for Reconciliation or Long-Term Post Acute Care (LTPAC) RxHistoryRequests where the Facility is not provided.

Element (RxHistoryRequest)	Code	Comment
Veterinarian	**not used**	Surescripts does not support the NCPDP SCRIPT elements for veterinarian prescribers.
NonVeterinarian	**mandatory**	
Identification	**mandatory**	
NPI	**mandatory**	Provider vendor should populate this field with the individual's NPI. Must be a valid 10-digit NPI and must be associated to a valid user in the National Plan and Provider Enumeration System (NPPES). In the staging environment, the NPI check digit will be validated using the LUHN formula. For specific information see: **https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/Downloads/NPIcheckdigit.pdf** **Note:** Surescripts updates NPI data weekly from NPPES. It may take up to one week for new NPIs to be considered valid.
PracticeLocation	**conditional**	`business rule` Medication History for Reconciliation: If the Prescriber element is sent, PracticeLocation must be sent.
BusinessName	**conditional**	`business rule` Medication History for Reconciliation: If the Prescriber element is sent, BusinessName must be sent.
PrescriberPlaceOfService	**recommended**	Identifies the place where professional services are rendered resulting in Medication History being pulled. The CMS Place of Service Code Set serves as the standard for these codes: **https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets**

RxHistoryRequest RequestedDates Element Requirements

Element (RxHistoryRequest)	Code	Comment
StartDate	**mandatory**	StartDate is the beginning date for the desired history (up to one year ago from today's date). If the RxHistoryResponse indicates more medications are available (Response/Approved/ReasonCode = 'AQ') and the requester desires to make a subsequent request for additional medications within the dates of the original request, a new RxHistoryRequest will need to be sent with the StartDate equal to the original StartDate.
EndDate	**mandatory**	EndDate is the end date for the desired history (e.g., today's date). EndDate must be after the StartDate. If the RxHistoryResponse indicates more medications are available (Response/Approved/ReasonCode = 'AQ') and the requester desires to make a subsequent request for additional medications within the dates of the original request, a new RxHistoryRequest will need to be sent with the EndDate equal to the LastFillDate of the oldest medication returned in the RxHistoryResponse. **Note:** It is recommended to send the EndDate in **UTC date format**. While the timestamp is not required, the date should reflect the correct day in UTC.

Medication History Response

This response is sent from Surescripts back to the provider vendor and includes the patient's medication history.

> **Note:** For alphanumeric (non-codified) elements, all characters sent in the response should be displayed and truncation should not be used.

RxHistoryResponse Response Element Requirements

Element (RxHistoryResponse)	Code	Comment
Approved	**mandatory**	Surescripts only sends Approved responses.
Reason Code	**conditional**	AQ (More History Available) is sent to indicate that another RxHistoryRequest is needed to obtain additional available medication history. If the original requester would like to receive the additional medications within that given timeframe, the original requester will need to send a subsequent RxHistoryRequest with the: RequestedDates/StartDate = [StartDate of the original request] RequestedDates/EndDate = [FillDate of oldest medication returned in RxHistoryResponse] DJ - No Data Found. Sent to indicate that no medications are returned in the RxHistoryResponse. DM - Error. Sent to indicate that an error was encountered in the processing of the message where additional medications may be available. If the original requester would like to attempt to retrieve the medication records that were unavailable within the request due to the error, the original requester will need to send a subsequent RxHistoryRequest with the same RequestedDates. Retrying messages should be limited to a finite number of attempts and over a limited period, such as 3-5 attempts over a 30-minute time frame. Establishing time parameters for when retries are appropriate can help prevent retries from entering into an endless loop.
Note	**conditional**	The Note field may be used for Approved responses.

RxHistoryResponse MedicationDispensed Element Requirements

> **Note:** MedicationPrescribed and MedicationDispensedAdministered are not used for Surescripts Medication History.

Element (RxHistoryResponse)	Code	Comment
DrugDescription	**mandatory**	The item or drug description field should include the standardized drug name including strength and form from a Surescripts approved drug compendia.
Product	**conditional**	Within the Product element, one instance of DrugCoded, CompoundInformation, or NonDrugCoded will be sent. • DrugCoded is used exclusively for medications and includes an NDC. • NonDrugCoded is used for non-medication products that may have an NDC, supplies, durable medical equipment and digital therapeutics. If the product has an NDC and is included by the data supplier then it should be included. • CompoundInformation is used to send a compound prescription. All active ingredients provided by the data supplier will be included.
DrugCoded	**mandatory**	The elements under DrugCoded are in part of a *choice* group in the NCPDP schema. For these elements, one of the following elements must be sent if Product is sent: • DrugCoded • CompoundInformation • NonDrugCoded
NDC	**mandatory**	An 11-digit NDC in the 5-4-2 format is required; no dashes and no suppression of leading zeros. The drug description of the product must match the description of the drug identifier (e.g., NDC, RxNorm). Example: 00143314250
CompoundInformation	**mandatory**	
NonDrugCoded	**mandatory**	
ProductCode	**conditional**	
Code	**mandatory**	If the NonDrugCoded/ProductCode/Qualifier contains “UP”, this field will contain Universal Product Codes (UPCs) from Pharmacy Fill Data.
Quantity	**mandatory**	
QuanityUnitOfMeasure	**mandatory**	
Code	**mandatory**	See **Codified Field Usage for Federal Medication Terminologies (FMT) Codes** for details.

Element (RxHistoryResponse)	Code	Comment
WrittenDate	**conditional**	The original prescribed date.
LastFillDate	**mandatory**	The date on which the prescription was last adjudicated to a PBM/payer or processed as a cash transaction. **Note:** This differs from “SoldDate” which is found under OtherMedicationDates.
Diagnosis	**conditional**	Include an ICD-10 diagnosis code when possible. The first occurrence of the diagnosis element should align to the primary diagnosis. Transmit the diagnosis code without the decimal.
Sig	**conditional**	The Sig field will provide patient directions. In addition, Structure and Codification will occur here if enabled.
SigText	**mandatory**	Free text patient directions.
(StructuredSigElements)	**conditional**	Sig IQ will be applied here if enabled. Structured elements supporting the SigText. The codes and their textual representations will semantically match with the string in the SigText. **Reference:** NCPDP SCRIPT Structured and Codified Sig Format Implementation Guide.
RefillsRemaining	**conditional**	The number of refills remaining on the prescription.
HistoryPrescriberOrderNumber	**conditional**	If sent, this is the Prescriber Order Number (PON) from the prescription.
HistorySource	**conditional**	
Source	**mandatory**	
SourceDescription	**conditional**	Data supplier participant name.
SourceQualifier	**mandatory**	Qualifies the Source Description. **Values**: Payer Pharmacy
SourceReference	**conditional**	Prescription Number associated to medication history record. If the submitter chooses to send this field and SourceQualifier is “Pharmacy”, then it should be populated with the pharmacy prescription number. If the submitter chooses to send this field and SourceQualifier is “Payer”, then it should be populated with prescription number from PBM/payer system from claims processing.

Element (RxHistoryResponse)	Code	Comment
FillNumber	**conditional**	Defines the dispensing episode as an initial fill or an authorized refill. If this field is sent for fill data, it will contain the fill number from the pharmacy. If this field is sent for claim data, it will contain pharmacy's fill number from the PBM/payer system from claims processing. **Values:** 00 = Initial fill 01 = First refill 02 = Second refill, etc. Allowed values 00 thru 99
PaymentType	**conditional**	Indicates how the patient paid for the medication. **Values:** 1 = Self-Pay (Cash) 2 = Medicaid 3 = Medicare 4 = Commercial Insurance 5 = Veterans Health Administration (VA) 6 = Workers Compensation 7 = Indian Health Services 99 = Other (any other types not covered by definitions above)
OtherMedicationDates	**conditional**	This field will only be sent if other medication dates are applicable.
OtherMedicationDate	**mandatory**	
OtherMedication DateQualifier	**mandatory**	Qualification of OtherMedicationDate/Date field. Example Qualifiers: • SoldDate: The date that the product was sold to the patient. • EffectiveDate: The date after which the prescription can be dispensed (i.e., do not fill before date) as authorized by the prescriber.

5. Medication History XML Examples

These examples are above and beyond those found in the NCPDP Examples. Please note that the XML examples in this section are Medication History for Reconciliation examples.

> **Note:** Version 20230115, which is a republication of version 2023011, is used throughout this guide.

RxHistoryRequest – Provider Vendor to Surescripts

XML

```
<?xml version="1.0" encoding="utf-8"?>
<Message DatatypesVersion="20230115" TransportVersion="20230115" TransactionDomain="SCRIPT" TransactionVersion="20230115" Structur
    <Header>
        <To Qualifier="ZZZ">S00000000000002</To>
        <From Qualifier="ZZZ">D00000000104445</From>
        <MessageID>c93be73261c6b16509df078d25538ca3</MessageID>
        <SentTime>2024-05-08T15:45:28.483Z</SentTime>
        <SenderSoftware>
            <SenderSoftwareDeveloper>EHR123</SenderSoftwareDeveloper>
            <SenderSoftwareProduct>MedHistory Message Manager</SenderSoftwareProduct>
            <SenderSoftwareVersionRelease>0.1</SenderSoftwareVersionRelease>
        </SenderSoftware>
        <TestMessage>1</TestMessage>
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    <Body>
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                </PayerIdentification>
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            </BenefitsCoordination>
            <Patient>
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                        <Name>
                            <LastName>Abingdon</LastName>
                            <FirstName>Perseus</FirstName>
                        </Name>
                    </Names>
                    <GenderAndSex>
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                    </GenderAndSex>
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                        <Date>2012-09-01</Date>
                    </DateOfBirth>
                    <Address>
                        <AddressLine1>1 WASHINGTON ST</AddressLine1>
                        <City>MONTGOMERY</City>
                        <StateProvince>AL</StateProvince>
                        <PostalCode>10805</PostalCode>
                    </Address>
                </HumanPatient>
            </Patient>
            <Prescriber>
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                    <Identification>
                        <NPI>1962441741</NPI>
                    </Identification>
                        <PracticeLocation>
                            <BusinessName>Montgomery Health Clinic</BusinessName>
                        </PracticeLocation>
                    <Names>
                        <Name>
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                            <FirstName>Tim</FirstName>
```

```
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            </Prescriber>
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    </Body>
</Message>
```

RxHistoryResponse – Surescripts to Provider Vendor

XML

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        <From Qualifier="ZZZ">S00000000000002</From>
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        <RelatesToMessageID>c93be73261c6b16509df078d25538ca3</RelatesToMessageID>
        <SentTime>2024-05-08T15:45:35.755Z</SentTime>
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            <SenderSoftwareVersionRelease>42.0.0</SenderSoftwareVersionRelease>
        </SenderSoftware>
        <TestMessage>1</TestMessage>
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            </BenefitsCoordination>
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                    </GenderAndSex>
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                    </Address>
                </HumanPatient>
            </Patient>
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                        </PracticeLocation>
```

```
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                        <FirstName>Tim</FirstName>
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                </Names>
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                <Qualifier>ABF</Qualifier>
                <Value>C921</Value>
                <Description>Chronic myelogenous leukemia, Philadelphia chromosome (Ph1) positive</Description>
            </Diagnosis>
            <PriorAuthorizationNumber>AB829933-XHJS2</PriorAuthorizationNumber>
            <PriorAuthorizationStatus>A</PriorAuthorizationStatus>
            <RefillsRemaining>1</RefillsRemaining>
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```

```
            </Source>
        </HistorySource>
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    <MedicationDispensed>
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        </Diagnosis>
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    <MedicationDispensed>
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        <Quantity>
            <Value>30</Value>
```

```
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            <Product>
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                    </ProductCode>
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```
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        <MedicationDispensed>
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```

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                <Description>Unspecified blepharoconjunctivitis, left eye</Description>
            </Diagnosis>
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                <Source>
```

```
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                    <SourceQualifier>Payer</SourceQualifier>
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                <Date>2023-05-09</Date>
            </StartDate>
            <EndDate>
                <Date>2024-05-08</Date>
            </EndDate>
        </RequestedDates>
```

RxHistoryResponse Note Description

The events shown in the table below will not cause an Error to be sent to the customer, but instead will return a note in the RxHistoryResponse/Response field.

Event	Note Sent in RxHistoryResponse	Comments
Surescripts cannot find the patient identified.	Patient Not Found.	
Surescripts cannot obtain results from any data source due to an error occurring while attempting to get results.	A processing error occurred. No medication history was returned.	An error occurred while processing the report. No medication history was returned. Examples of errors include, but are not limited to: - Error response - Timeout from a data source
Surescripts receives medication records from one data source and at least one error from another data source where the error indicates that there are potentially medication records to be retrieved.	Not all medication history sources were accessible at this time.	Not all available results may be present in this report. Not all information sources were accessible at this time.
Patient was found, but no medications were found for the date range specified.	Although a patient record was found, no medications were available.	A patient record was found, but no medication(s) were found or the medication(s) that could be found are for dates outside the range provided by customer.

Codified Field Usage for Federal Medication Terminologies (FMT) Codes

> **Note:** For a list of FMT codes, go to: **http://evs.nci.nih.gov/ftp1/NCPDP/About.html**. Use the valid value from the appropriate row of the downloaded data. This list should be updated on a monthly basis.

The table below includes some example fields.

Codified Field/Field Code	Comment
StrengthForm/Code	Use the NCPDP StrengthForm Terminology rows from the downloaded data. This list should be updated on a monthly basis.
StrengthUnitOfMeasure/Code	Use the NCPDP StrengthUnitOfMeasure Terminology rows from the downloaded data.
QuanityUnitOfMeasure/Code	Use the NCPDP QuantityUnitOfMeasure Terminology rows from the downloaded data.
DEASchedule	Use the NCPDP DEASchedule Terminology rows from the downloaded data.

6. Application Certification Requirements

Numeric Representation

S.206: System shall support user entry and display of up to three digits to the right of the decimal place, without the system rounding or truncating. The decimal point is represented by a period and shall be used as follows:

- Only when there are significant digits to the right of the decimal
- When there is a digit before and after the decimal point
- Not with whole numbers

For example, consider the following possible values:

Correct Format Examples	Incorrect Format Examples
2.5	.27
0.15	3.00
21	14.

Message Format

S.200: Customers shall be able to receive syntactically valid maximum and minimum populated messages. Optional data elements (and values therein) shall not cause message failure.

General Medication History Requirements

M.200: The application shall display a disclaimer regarding use of medication history retrieved via Surescripts.

Sample Disclaimer: This report may not include certain sensitive information due to the requirements of federal, state and/or local privacy laws and regulations, such as details related to reproductive health, gender-affirming care, sexually transmitted infections (STIs/HIV), mental health, and substance use treatment. It may also omit over-the-counter medications, certain prescriptions paid for by the patient or non-participating sources, or any information the patient has chosen to keep private not to share. Additionally, discrepancies can occur, such as false positive matches in the Master Patient Index. The provider should verify the patient's demographics and medication history with the patient for accuracy.

M.201: When a data element from the medication history response is displayed, the application shall have the ability to display all data received for that data element.

M.202: If the application displays medication history from sources other than Surescripts, the application shall identify which medication history was retrieved via Surescripts.

M.203 (Ambulatory Only): Medication History may only be pulled in conjunction with a patient interaction in which a prescription could be written.

Definition of Patient Interaction:

"Patient interaction with the prescriber with the probability that a prescription will take place in the course of that interaction. The interaction can take the form of a physical visit, phone call, telemedicine, or electronic communication from the patient to the prescriber/prescriber to the patient. The medication history request occurs at the time of a patient interaction."

Examples of what is **NOT** considered a patient interaction for the purposes of pulling a medication history:

- Calls to schedule or check in appointments beyond 24hrs in advance
- Opening a chart for:
  - Billing questions
  - Reference purposes
  - Post visit transcription
  - Updating patient information
- Lab test results or follow up not affiliated with prescribing a medication
- Post visit reviews

M.204: Customers shall ensure that Medication History requests are sent only once per calendar day. If an error is encountered in the Medication History retrieval process retries are permitted.

Definition: A calendar day runs from 12:00 a.m. to 11:59 p.m. Central Time, regardless of the location of the patient encounter.

7. Disclaimers

Guide Disclaimer

In the event that the Participant chooses to make any software changes based upon recommendations in this guide, the Participant acknowledges and agrees that Surescripts Network shall bear no responsibility or liability for the Participant's changes or any effects thereof. The Participant shall also be required to transition to the new guide at such time as said guide is published, which may involve different or additional parameters than are published in this guide.

Examples Disclaimer

Examples provided throughout this guide are not intended to be all-inclusive. This pertains to example workflows, element-specific (field) examples, or message examples. Participants should not restrict coding to the examples used herein.

When developing, this guide should be used along with additional documentation referenced and applicable customary coding standards.

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8. Document Change Log

2026-07-30

Section Title	Change Description
N/A	N/A - Developer Portal - initial release