
The Department of Health and Human Services (HHS) is issuing this Information Bulletin to inform our stakeholders of the Notice of Proposed Rulemaking (NPRM) CMS-0055-P that was recently published in the Federal Register. This NPRM proposes to modify the requirements for the use of the Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007, National Council for Prescription Drug Programs (NCPDP) by requiring HIPAA covered entities to use the Quantity Prescribed field (460-ET) for retail pharmacy transactions for Schedule II drugs.

Background

In January 2009 (74 FR 3295), the Secretary adopted the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide, Version D, Release 0, August 2007 (hereinafter referred to as Version D.0) for the following retail pharmacy transactions: health care claims or equivalent encounter information, referral certification and authorization, and coordination of benefits. The current NCPDP Version D.0 implementation guide does not include data to determine whether a transaction is an inappropriate refill in excess of the quantity prescribed, or whether the amount dispensed is a partial fill.

What this Proposed Rule Would Do

This proposed rule, if finalized, would adopt a modification to the requirement for the use of the NCPDP Version D.0 by requiring the use of the field Quantity Prescribed (460-ET) for Schedule II drugs. This modification would enable covered entities using the HIPAA retail pharmacy transaction to clearly distinguish whether a prescription is a “partial fill,” where less than the full amount prescribed is dispensed, or a refill. We believe this modification is necessary, particularly in light of the fact that the opioid crisis is a nationwide public health emergency, and the modification, if adopted, would further the Administration’s efforts to address the crisis.

Public Comment Period

The proposed rule can be found at https://www.federalregister.gov/documents/2019/01/31/2019-00554/administrative-simplification-modification-of-the-requirements-for-the-use-of-health-insurance. There is a 60-day public comment period for this rule, which closes on April 01, 2019.

If you have questions about this Information Bulletin, or other topics related to adopted standards or operating rules, please send them to administrativesimplification@cms.hhs.gov. For more information about Administrative Simplification requirements, visit the CMS website. For the latest news about Administrative Simplification, sign up for Email Updates.