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(1) International Health Terminology Standards Development Organization Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), International Release, July 2009, IBR approved for §170.207.

(2) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) International Release July 31, 2012, IBR approved for §170.207.

(3) US Extension to SNOMED CT® March 2012 Release, IBR approved for §170.207.

(4)–(5) [Reserved]

(6) International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, September 2015 Release, IBR approved for §170.207(a).

(7) RxNorm, September 8, 2015 Full Release Update, IBR approved for §170.207(d).

(s) World Wide Web Consortium (W3C)/MIT, 32 Vassar Street, Room 32-G515, Cambridge, MA 02139 USA, <http://www.w3.org/standards/>

(1) Web Content Accessibility Guidelines (WCAG) 2.0, December 11, 2008, IBR approved for §170.204.

(2) [Reserved]

[75 FR 44649, July 28, 2010, as amended at 75 FR 62690, Oct. 13, 2010; 77 FR 54285, Sept. 4, 2012; 77 FR 72991, Dec. 7, 2012; 79 FR 54478, Sept. 11, 2014; 80 FR 62745, Oct. 16, 2015; 81 FR 72463, Oct. 19, 2016; 85 FR 25941, May 1, 2020; 85 FR 70082, Nov. 4, 2020]

### Subpart C—Certification Criteria for Health Information Technology

SOURCE: 75 FR 44651, July 28, 2010, unless otherwise noted.

#### § 170.300 Applicability.

(a) The certification criteria adopted in this subpart apply to the testing and certification of Health IT Modules.

(b) When a certification criterion refers to two or more standards as alternatives, use of at least one of the alternative standards will be considered compliant.

(c) Health Modules are not required to be compliant with certification cri-

teria or capabilities specified within a certification criterion that are designated as optional.

(d) In §170.315, all certification criteria and all capabilities specified within a certification criterion have general applicability (*i.e.*, apply to any health care setting) unless designated as “inpatient setting only” or “ambulatory setting only.”

[75 FR 44649, July 28, 2010, as amended at 77 FR 54286, Sept. 4, 2012; 80 FR 62747, Oct. 16, 2015; 85 FR 25941, May 1, 2020; 85 FR 70083, Nov. 4, 2020]

#### §§ 170.302–170.306 [Reserved]

#### § 170.314 [Reserved]

#### § 170.315 2015 Edition health IT certification criteria.

The Secretary adopts the following certification criteria for health IT. Health IT must be able to electronically perform the following capabilities in accordance with all applicable standards and implementation specifications adopted in this part:

(a) *Clinical*—(1) *Computerized provider order entry—medications*. (i) Enable a user to record, change, and access medication orders.

(ii) *Optional*. Include a “reason for order” field.

(2) *Computerized provider order entry—laboratory*. (i) Enable a user to record, change, and access laboratory orders.

(ii) *Optional*. Include a “reason for order” field.

(3) *Computerized provider order entry—diagnostic imaging*. (i) Enable a user to record, change, and access diagnostic imaging orders.

(ii) *Optional*. Include a “reason for order” field.

(4) *Drug-drug, drug-allergy interaction checks for CPOE*—(i) *Interventions*. Before a medication order is completed and acted upon during computerized provider order entry (CPOE), interventions must automatically indicate to a user drug-drug and drug-allergy contraindications based on a patient’s medication list and medication allergy list.

(ii) *Adjustments*. (A) Enable the severity level of interventions provided for drug-drug interaction checks to be adjusted.