INSPECT Prescription Monitoring Program

[Batch Transmissions]

State of Indiana ASAP 2007/R 4.0 Telecommunications Format for Controlled Substances

INspect

Indiana Board of Pharmacy /
Prescription Monitoring Program

www.INspect.in.gov

A – ALPHANUMERIC N – NUMERIC D – DECIMAL DT – DATE TM – TIME SPACERS CAN BE (*) OR (|)

TH*4.0*1001*01**20110326*0900*P*:\IS*4458*TEST PHARMACY\PHA**1234567\PAT**02*3000221234****DUMMY*ZACH****1234 ANY STREET**ANYTOWN*IN*46000**19670212*M*01\DSP**0561894*20110201*2*20110203*01*01*59762372003*30.0*15*01*01****02\
PRE** AA0000000\PAT**07*400203555****TEST*LAUREN*JACKIE***1234 TEST DRIVE**FAKEVILLE*IN*47000**19820721*F*01\DSP**6069481*20110116*1*20110131*01*01*59762372003*30.0*15*01*05****04\PRE**AA0000000\TP*8\TT*1001*11\

SEGMENT TYPE									(TH) TRANSACTION HEADER	
TH*4.0*1001*01**20110326*0900*P*:\										
REFERENCE CODE		TH01	TH02	TH03	TH04	TH05	TH06	TH07	TH08	TH09
DATA ELEMENT NAME		VERSION	TRANSACTION CONTROL NO.	TRANSACTION TYPE		CREATE DATE	CREATE TIME	FILE TYPE	COMPOSITE ELEMENT SEPARATOR	DATA SEGMENT TERMINATOR
FORMAT/VALUES		4.0	SENDER ASSIGNED CODE UNIQUELY IDENTIFYING A TRANSACTION.	01 SEND/REQUEST 02 ACKNOWLEDGEMENT 03 ERROR RECEIVING 04 VOID		CCYYMMDD	HHMM	"P" = Production "T" = Test	:	\
CHARACTER LIMIT		4	10	2		8	4	1	1	1
CHARACTER TYPE		A	A	N		DT	TM	A	A	A
COMMENTS		**VERSION 4.0 ONLY!**	**THIS NUMBER MUST BE USED IN TT01**	**OPTIONAL**				**NEEDS TO BE "P"**	**NEEDS TO BE ":"**	**NEEDS TO BE "\"**
CODE SEGMENT	TH*	4.0*	1001*	01*	*	20110326*	0900*	P*	:	\

SEGMENT TYPE		(IS) INFORMATION SOURCE	
IS*4458*TEST PHARMACY\			
REFERENCE CODE		IS01	IS02
DATA ELEMENT NAME		UNIQUE INFORMATION SOURCE	INFORMATION SOURCE ENTITY NAME
FORMAT/VALUES			
CHARACTER LIMIT		10	60
CHARACTER TYPE		A	A
COMMENTS			**NAME OF PHARMACY**
CODE SEGMENT	IS*	4458*	TEST PHARMACY\

SEGMENT TYPE		(PHA) PHARMACY HEADER	
PHA**1234567\			
REFERENCE CODE		PHA01	PHA02
DATA ELEMENT NAME			NCPDP/NABP NUMBER ID
FORMAT/VALUES			
CHARACTER LIMIT			10
CHARACTER TYPE			A
COMMENTS			**PHARMACY: NABP #ONLY!** **PRESCRIBER: DEA # ONLY!**
CODE SEGMENT	PHA*	*	1234567\

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TH*4.0*1001*01**20110326*0900*P*:\IS*4458*TEST PHARMACY\PHA**1234567\PAT**02*3000221234****DUMMY*ZACH****1234 ANY STREET**ANYTOWN*IN*46000**19670212*M*01\DSP**0561894*20110201*2*20110203*01*01*59762372003*30.0*15*01*01****02\
PRE** AA0000000\PAT**07*400203555****TEST*LAUREN*JACKIE***1234 TEST DRIVE**FAKEVILLE*IN*47000**19820721*F*01\DSP**6069481*20110116*1*20110131*01*01*59762372003*30.0*15*01*05****04\PRE**AA0000000\TP*8\TT*1001*11\

SEGMENT TYPE	(PAT) PATIENT INFORMATION																				
PAT**02*3000221234****DUMMY*ZACH****1234 ANY STREET**ANYTOWN*IN*46000**19670212*M*01\																					
REFERENCE CODE		PAT01	PAT02	PAT03	PAT04	PAT05	PAT06	PAT07	PAT08	PAT09	PAT10	PAT11	PAT12	PAT13	PAT14	PAT15	PAT16	PAT17	PAT18	PAT19	PAT20
DATA ELEMENT NAME			ID QUALIFER	ID OF PATIENT				LAST NAME	FIRST NAME	MIDDLE NAME			ADDRESS INFORMATION		CITY ADDRESS	STATE ADDRESS	ZIP CODE ADDRESS		DATE OF BIRTH	GENDER CODE	SPECIES CODE
FORMAT/VALUES			01 = MILITARY ID 02 = STATE ISSUED ID 03 = UNIQUE SYSTEM ID 05 = PASSPORT ID 06 = DRIVER'S LICENSE ID 07 = SSN NUMBER 08 = TRIBAL ID 99 = OTHER														"00000" FOR NON-US		CCYYMMDD	"F" = FEMALE "M" = MALE "U" = UNKNOWN	"01" = HUMAN "02" = VETERINARY PATIENT
CHARACTER LIMIT			2	20				50	50	30			30		20	10	9		8	1	2
CHARACTER TYPE			N	A				A	A	A			A		A	A	A		DT	A	N
COMMENTS										**OPTIONAL** USE (*) if middle name is unavailable						**USE TWO (2) LETTER ABBREVIATION**					**OPTIONAL**
CODE SEGMENT	PAT*	*	02*	3000221234*	*	*	*	DUMMY*	ZACH*	*	*	*	1234 ANY STREET*	*	ANYTOWN*	IN*	46000*	*	19670212*	M*	01\

SEGMENT TYPE	(DSP) DISPENSING RECORD															
DSP**0561894*20110201*2*20110203*01*01*59762372003*30.0*15*01*01****02\																
REFERENCE CODE		DSP01	DSP02	DSP03	DSP04	DSP05	DSP06	DSP07	DSP08	DSP09	DSP10	DSP11	DSP12	DSP13	DSP14	DSP15	DSP16
DATA ELEMENT NAME		REPORTING STATUS	PRESCRIPTION NUMBER	DATE WRITTEN	REFILLS AUTHORIZED	DATE FILLED	REFILL NUMBER	PRODUCT ID QUALIFIER	PRODUCT ID	QUANTITY DISPENSED	DAYS SUPPLY	DRUG DOSAGE UNITS CODE	TRANSMISSION FORM OF RX ORIGIN				CLASSIFICATION CODE FOR PAYMENT TYPE
FORMAT/VALUES		"01" CHANGE OR "02" CANCEL OR "03" PURGED (BLANK MEANS NEW)		CCYYMMDD		CCYYMMDD	"0" NEW RX OR "01"-"99" THE REFILL NUMBER	"01" NDC OR "02" UPC OR "03" HRI OR "04" UPN OR "05" DIN OR "06" CPD (USED FOR A COMPOUND)	PRODUCT ID AS INDICATED IN DSP07 OR "99999999999" FOR COMPOUND			"01" # OF UNITS OR "02" ML OR "03" GM	"01" WRITTEN PRESCRIPTION OR "02" TELEPHONE PRESCRIPTION OR "03" TELEPHONE EMERGENCY PRESCRIPTION OR "04" FAX PRESCRIPTION OR "05" ELECTRONIC PRESCRIPTION OR "99" OTHER				"01" PRIVATE PAY (CASH, CHARGE, CREDIT CARD) OR "02" MEDICAID OR "03" MEDICARE OR "04" COMMERCIAL INSURANCE OR "05" MILITARY INSTALLATIONS AND VA OR "06" WORKERS' COMPENSATION OR "07" INDIAN NATIONS OR "99" OTHER
CHARACTER LIMIT		2	25	8	2	8	2	2	15	11	3	2	2				2
CHARACTER TYPE		N	A	DT	N	DT	N	N	A	D	N	N	N				N
COMMENTS			**RX NUMBER**							**MUST BE A DECIMAL**			**OPTIONAL**				
CODE SEGMENT	DSP*	*	0561894*	20110201*	2*	20110203*	01*	01*	59762372003*	30.0*	15*	01*	01*	*	*	*	02\

SEGMENT TYPE	(PRE) PRESCRIBER INFORMATION		
PRE** AA0000000\			
REFERENCE CODE		PRE01	PRE02
DATA ELEMENT NAME			DEA NUMBER
FORMAT/VALUES			
CHARACTER LIMIT			10
CHARACTER TYPE			A
COMMENTS			**DEA # ONLY!**
CODE SEGMENT	PRE*	*	AA0000000\

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TH*4.0*1001*01**20110326*0900*P*:\IS*4458*TEST PHARMACY\PHA**1234567\PAT**02*3000221234****DUMMY*ZACH****1234 ANY STREET**ANYTOWN*IN*46000**19670212*M*01\DSP**0561894*20110201*2*20110203*01*01*59762372003*30.0*15*01*01****02\
PRE** AA0000000\PAT**07*400203555****TEST*LAUREN*JACKIE***1234 TEST DRIVE**FAKEVILLE*IN*47000**19820721*F*01\DSP**6069481*20110116*1*20110131*01*01*59762372003*30.0*15*01*05****04\PRE**AA0000000\TP*8\TT*1001*11\

SEGMENT TYPE	(PAT) PATIENT INFORMATION																				
PAT**07*400203555****TEST*LAUREN*JACKIE***1234 TEST DRIVE**FAKEVILLE*IN*47000**19820721*F*01\																					
REFERENCE CODE		PAT01	PAT02	PAT03	PAT04	PAT05	PAT06	PAT07	PAT08	PAT09	PAT10	PAT11	PAT12	PAT13	PAT14	PAT15	PAT16	PAT17	PAT18	PAT19	PAT20
DATA ELEMENT NAME			ID QUALIFER	ID OF PATIENT				LAST NAME	FIRST NAME	MIDDLE NAME			ADDRESS INFORMATION		CITY ADDRESS	STATE ADDRESS	ZIP CODE ADDRESS		DATE OF BIRTH	GENDER CODE	SPECIES CODE
FORMAT/VALUES			01 = MILITARY ID 02 = STATE ISSUED ID 03 = UNIQUE SYSTEM ID 05 = PASSPORT ID 06 = DRIVER'S LICENSE ID 07 = SSN NUMBER 08 = TRIBAL ID 99 = OTHER														"00000" FOR NON-US		CCYYMMDD	"F" = FEMALE "M" = MALE "U" = UNKNOWN	"01" = HUMAN "02" = VETERINARY PATIENT
CHARACTER LIMIT			2	20				50	50	30			30		20	10	9		8	1	2
CHARACTER TYPE			N	A				A	A	A			A		A	A	A		DT	A	N
COMMENTS										**OPTIONAL** USE (*) if middle name is unavailable						**USE TWO (2) LETTER ABBREVIATION**					**OPTIONAL**
CODE SEGMENT	PAT*	*	07*	400203555*	*	*	*	TEST*	LAUREN*	JACKIE*	*	*	1234 TEST DRIVE*	*	FAKEVILLE*	IN*	47000*	*	19820721*	F*	01\

SEGMENT TYPE	(DSP) DISPENSING RECORD																
DSP**6069481*20110116*1*20110131*01*01*59762372003*30.0*15*01*05****04\																	
REFERENCE CODE		DSP01	DSP02	DSP03	DSP04	DSP05	DSP06	DSP07	DSP08	DSP09	DSP10	DSP11	DSP12	DSP13	DSP14	DSP15	DSP16
DATA ELEMENT NAME		REPORTING STATUS	PRESCRIPTION NUMBER	DATE WRITTEN	REFILLS AUTHORIZED	DATE FILLED	REFILL NUMBER	PRODUCT ID QUALIFIER	PRODUCT ID	QUANTITY DISPENSED	DAYS SUPPLY	DRUG DOSAGE UNITS CODE	TRANSMISSION FORM OF RX ORIGIN				CLASSIFICATION CODE FOR PAYMENT TYPE
FORMAT/VALUES		"01" CHANGE OR "02" CANCEL OR "03" PURGED (BLANK MEANS NEW)		CCYYMMDD		CCYYMMDD	"0" NEW RX OR "01"-"99" THE REFILL NUMBER	"01" NDC OR "02" UPC OR "03" HRI OR "04" UPN OR "05" DIN OR "06" CPD (USED FOR A COMPOUND)	PRODUCT ID AS INDICATED IN DSP07 OR "99999999999" FOR COMPOUND			"01" # OF UNITS OR "02" ML OR "03" GM	"01" WRITTEN PRESCRIPTION OR "02" TELEPHONE PRESCRIPTION OR "03" TELEPHONE EMERGENCY PRESCRIPTION OR "04" FAX PRESCRIPTION OR "05" ELECTRONIC PRESCRIPTION OR "99" OTHER				"01" PRIVATE PAY (CASH, CHARGE, CREDIT CARD) OR "02" MEDICAID OR "03" MEDICARE OR "04" COMMERCIAL INSURANCE OR "05" MILITARY INSTALLATIONS AND VA OR "06" WORKERS' COMPENSATION OR "07" INDIAN NATIONS OR "99" OTHER
CHARACTER LIMIT		2	25	8	2	8	2	2	15	11	3	2	2				2
CHARACTER TYPE		N	A	DT	N	DT	N	N	A	D	N	N	N				N
COMMENTS			**RX NUMBER**							**MUST BE A DECIMAL**			**OPTIONAL**				
CODE SEGMENT	DSP*	*	6069481*	20110116*	1*	20110131*	01*	01*	59762372003*	30.0*	15*	01*	05*	*	*	*	04\

SEGMENT TYPE	(PRE) PRESCRIBER INFORMATION		
PRE**AA0000000\			
REFERENCE CODE		PRE01	PRE02
DATA ELEMENT NAME			DEA NUMBER
FORMAT/VALUES			
CHARACTER LIMIT			10
CHARACTER TYPE			A
COMMENTS			**DEA # ONLY!**
CODE SEGMENT	PRE*	*	AA0000000\

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SEGMENT TYPE	(TP) PHARMACY TRAILER	
TP*8\		
REFERENCE CODE		TP01
DATA ELEMENT NAME		
FORMAT/VALUES		
CHARACTER LIMIT		10
CHARACTER TYPE		N
COMMENTS		
CODE SEGMENT	TP*	8\

SEGMENT TYPE	(TT) TRANSACTION SET TRAILER		
TT*1001*11\			
REFERENCE CODE		TT01	TT02
DATA ELEMENT NAME		TRANSACTION CONTROL NUMBER	SEGMENT COUNT
FORMAT/VALUES			
CHARACTER LIMIT		10	10
CHARACTER TYPE		A	N
COMMENTS		**THE NO. SHOULD MATCH TH02**	**THREE (3) PLUS TP01 NUMBER: (8+3 = 11)**
CODE SEGMENT	TT*	1001*	11\