

Dispenser's Implementation Guide

ASAP 4.2

**North Carolina Department of Health and Human Services
Controlled Substance Reporting System**



September 2013

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1 Document Overview

Purpose and Contents

The *RxSentry® Dispenser's Implementation Guide* for the State of North Carolina serves as a step-by-step guide for dispensers of Schedule II through Schedule V controlled substances who use RxSentry as a repository for the reporting of their dispenses. It includes such topics as:

- Reporting requirements for dispensers in the State of North Carolina
- Data file submission guidelines and methods
- Creating your upload account
- Creating a data file
- Uploading or reporting your data
- Understanding upload error codes and definitions

This guide has been customized to target the specific training needs of the State of North Carolina and is intended for use by all dispensers in the State of North Carolina required to report their dispensing of controlled substances.

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2 Data Collection and Tracking

Data Collection Requirements

General Statute 90-113.70 requires that the North Carolina Department of Health and Human Services (NC DHHS) establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. This statute requires that all dispensers of licit controlled substances submit information in accordance with the transmission methods and frequency promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

The purpose of this legislation is to improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Beginning January 1, 2014, the dispenser shall report no later than three (3) business days after the day the controlled substance is dispensed; however, the legislature strongly encourages dispensers to submit the required data within 24 hours of dispensing the controlled substance.

The data shall be reported using one of the electronic formats described in this document. A written report on the Universal Claim Form (UCF) may be accepted, as long as the dispenser has approval from the NC DHHS. A UCF is provided in [Appendix B](#). All data must be collected in the ASAP 4.2 format defined in [Appendix A: ASAP 4.2 Specifications](#).

Reporting Requirements

All dispensers of controlled substances, as defined by this Act, are required to collect and report the following information to the data repository:

- Dispenser's DEA number
- Name of the patient for whom the controlled substance was dispensed and the patient's:
 - Full address, including city, state, and ZIP code
 - Telephone number (use the customer ID area in the ASAP standards)
 - Date of birth
 - Photo ID number and type, if required (these fields are required for all Schedule II and certain combination Schedule III drugs)

Accepted forms of ID are listed below:

- Driver's license
- Special identification card issued under G.S. 20-37.7
- Military ID
- Passport

- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Indication of whether the prescription was new or refill
- Metric quantity dispensed
- Estimated days supply, if provided
- NDC number of the drug dispensed
- Prescriber's DEA number
- Method of payment

Each dispenser must submit the required data to the data repository no later than three (3) business days after the day the controlled substance was dispensed, unless the NC DHHS waives this requirement for good cause shown by the dispenser; however, the legislature strongly encourages dispensers to submit the required data within 24 hours of dispensing the controlled substance. If a dispenser is unable to submit prescription information by electronic means, a time extension may be granted if:

1. The dispenser suffers a mechanical or electronic failure or cannot report within the required time frame for other reasons beyond the dispenser's control; or
2. The central repository is unable to receive electronic submissions.

"Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does **not** include any of the following:

- A licensed hospital or long-term care pharmacy that dispenses such substances for the purpose of inpatient administration
- A wholesale distributor of a Schedule II through V controlled substance
- A physician dispensing a controlled substance medication with a supply of 48 hours or less
- Veterinarians

The [Data Submission](#) chapter provides all the instructions necessary to submit the required information.

Note: If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

3 Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the RxSentry repository.

Timeline and Requirements

- Pharmacies or software vendors began establishing submission accounts on August 1, 2007. Instructions for setting up an account are listed below.
- You can begin submitting data as soon as your account has been established. See [Creating Your Account](#) for more information.
- Beginning January 1, 2014, dispensers are required to submit the required data no less than three (3) business days after the day the controlled substance was dispensed; however, the legislature strongly encourages dispensers to submit the required data within 24 hours of dispensing the controlled substance.
- If you are a first time submitter, you are required to submit all controlled substance dispensing data dating back six (6) years or to the date applicable to your pharmacy.

Note: If you have any questions about the reporting timeline, please contact the NC CSRS administrator using the information provided in [Administrative Assistance](#).

Upload Specifications

Files should be in the ASAP 4.2 format, as defined later in this document. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20140101.dat". **All of your upload files will be kept separate from the files of others.**

Reports for multiple dispensers/pharmacies can be in the same upload file in any order.

Prescription information must be reported no less than three (3) business days after the day the controlled substance was dispensed, unless a waiver has been obtained from the NC DHHS; however, the legislature strongly encourages dispensers to submit the required data within 24 hours of dispensing the controlled substance.

Creating Your Account

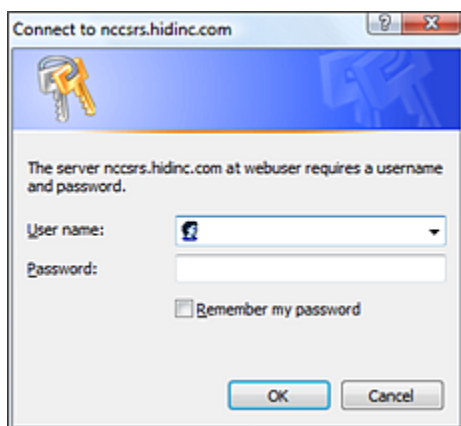
Prior to submitting data, an account must be created by the dispenser.

Note: Multiple pharmacies can be uploaded in the same file. For example, Walmart, CVS, etc. send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create your account:

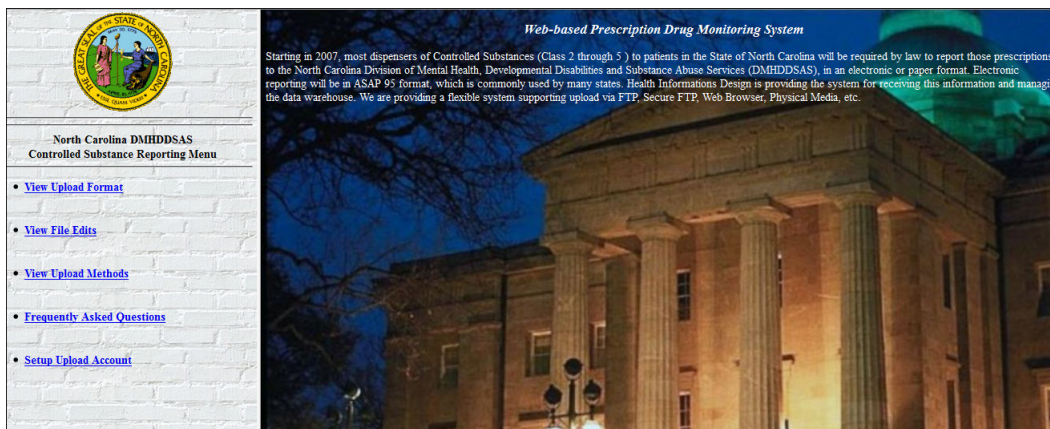
- 1 Open an Internet browser window and type the following URL in the address bar:
<https://nccsr.hidinc.com>.
- 2 Press **[Enter]**.

A window similar to the following is displayed:



- 3 Type *newacct* in the **User name** field.
- 4 Type *welcome* in the **Password** field, and then click **OK**.

A window similar to the following is displayed:



- 5 Click **Setup Upload Account**.

The following window is displayed:

New Account Setup for NCCSRS Upload Access (ncpdm)

This will setup the accounts to allow you to upload data to the North Carolina Controlled Substance Reporting System via SFTP, FTP, or Browser. In order to identify yourself, please enter the DEA number for ANY ONE of your Pharmacies, and its 5 digit zipcode.

Physician or Pharmacy DEA number:

ZIP Code:

6 Enter your DEA number in the **Physician or Pharmacy DEA number** field.

7 Type your ZIP code in the **ZIP Code** field, and then click **Next**.

The following window is displayed:

If you will be reporting for more than one Dispenser, you should create a generic account using a something more generic like "CVS" or "Target" or "RiteAid".

Your Choice: Keep AB1240643 as my account for a single Dispenser.
 Create an account using BITTERRROOT_D as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)

Who should we contact regarding issues with data uploads?

*Contact Name: ?

Contact Address: 211 MAIN City: HAMILTON State: MT Zip: 59840

*Contact Email: ? Don't Email Edit Reports

*Contact Phone: ?

*Contact Fax: ? Don't Fax Edit Reports

Anticipated Upload Method:
 Upload with Internet Browser using SSL
 Mail a Diskette
 Mail a CDR

Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies we missed.
 NOTE: If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.

ABB898124 BITTERRMAN, ROBERT A MD - 4500 SWING LANE CHARLOTTE (14)
 BB9608172 BITTERRROOT DRUG - 211 MAIN ST HAMILTON (4)
 AB1240643 BITTERRROOT DRUG INC - 211 MAIN HAMILTON (0)

8 Complete the form in its entirety, and then click **Next**.

A window similar to the following is displayed:

New Account Setup for NCCSRS Upload Access (ncpdm)

Adding password for user AB1240643

BITTERRROOT DRUG INC 211 MAIN HAMILTON 59840 Test Test Signup

Thank you for completing this information.

Your access password for the account AB1240643 has been set to 23309. Please remember that password.

You can now shutdown your browser and restart it in order to clear out the "newacct" login, then come back to this same URL with the account and password above to upload a file. At the moment, there will be a delay (less than a day) until your FTP and/or SFTP account is created.

A randomly-assigned password for the FTP and SFTP processes is provided to you.

Software vendors setting up multiple accounts may choose from the following options:

- Create each account separately by using the method listed above. After you finish one pharmacy's account, click **Setup Upload Account** on the home page, and repeat the process;

Or

- Create multiple accounts using one pharmacy's NABP number and ZIP code. If you choose this method, select **Set up user name as a group**.

Note: Data error reports will be submitted to the e-mail address(es) supplied for the account(s).

System Messages and Alerts

Periodically, the North Carolina DHHS office may wish to share information with you, such as new legislation or information about changes to the controlled substances reporting system. When this information is posted to your RxSentry account, the **View Alert Messages** function is displayed on the RxSentry home page. Once you open the alert, read it, and click the option to confirm the alert was read, the **View Alert Messages** function does not display again until a new alert is received.

Reporting Zero Dispensing

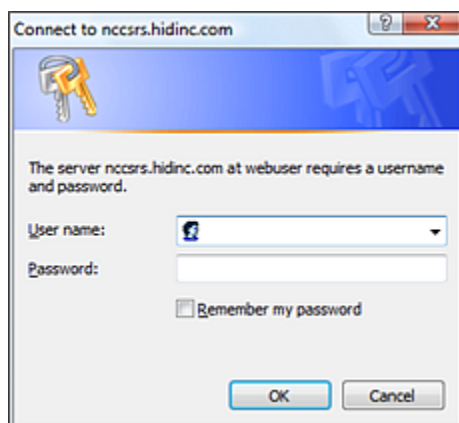
If you have no dispenses to report weekly for the preceding three (3) day period, you must report this information to the North Carolina Department of Health and Human Services.

The information in the following topics explains the processes single dispensers and dispensers reporting for a group of pharmacies should use to report zero activity using RxSentry's **Report Zero Activity** menu function.

Single Dispensers

If you are a single dispenser, perform the following steps to report zero activity using RxSentry:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <https://nccsrs.hidinc.com>.
- 3 Press **[Enter]**. A window similar to the following is displayed:



- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**.

A window similar to the following is displayed:

Report Zero Activity

This utility will allow you to record periods of zero activity for a given pharmacy.
 Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.

Dispenser:	1234567: BEST PHARMACY:
Address:	23 MAIN ST BISMARCK 58502
Phone:	701-328-1234
Fax:	701-328-7654
Email:	bestpharmacy@charter.net
Period Start Date:	<input type="text"/>
Period End Date:	09/21/09

- 8 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
- All other pharmacy information is populated with the information provided when you created your account.

- 9 Click **Continue**.

A message similar to the following is displayed:

Report Zero Activity

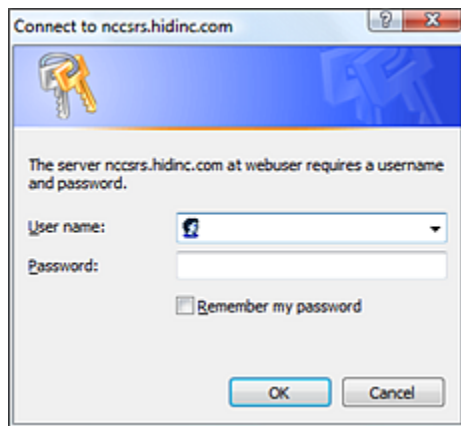
***Zero report for 06/09/09 though 06/16/09
 has been registered for:
 AB9876543 (BEST PHARMACY)***

Group Pharmacies

If you are responsible for reporting for a group of pharmacies, perform the following steps to report zero activity using RxSentry.

Note: You are required to repeat this process for every pharmacy for which you are responsible for reporting.

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <https://nccsrs.hidinc.com>.
- 3 Press **[Enter]**. A window similar to the following is displayed:



- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**.

A window similar to the following is displayed:

<i>Report Zero Activity</i>	
<p>This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.</p>	
Dispenser:	Marthasville Pharmacy
Address:	1000 Peachtree Center Blvd Atlanta 30303
Phone:	855-123-4567
Fax:	None
Email:	test@marthasvillepharmacy.com
Period Start Date:	<input type="text"/>
Period End Date:	03/07/13 <input type="text"/>
Pharmacy ID/Name:	<input type="text"/> <input type="text"/>
<input checked="" type="radio"/> Use ID/Name listed above <input type="radio"/> Choose from list	
<input type="button" value="Continue"/>	

- 8 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date to reflect the dates during which no dispensing occurred.
- All other pharmacy information is populated with the information provided when you created your account.

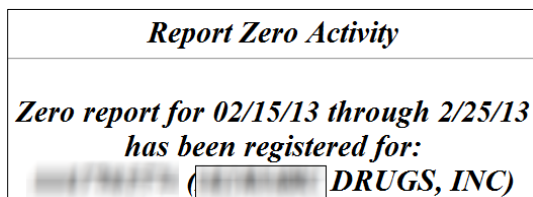
- 9 Select the **Use ID/Name listed above** option to manually enter the pharmacy ID whose information you are reporting. If you choose to enter the pharmacy ID manually, type the pharmacy ID in the **Pharmacy ID/Name** field.

Or

Select the **Choose from list** option to select the pharmacy ID whose information you are reporting from a list of pharmacies with a name similar to your pharmacy.

- 10 Click **Continue**.

If you selected the **Use ID/Name listed above** option, a message similar to the following is displayed:



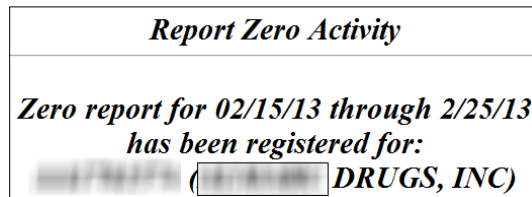
Or

If you selected the **Choose from list** option, a window similar to the following is displayed:

11 Click the radio button next to the correct pharmacy ID.

12 Click **Continue**.

A window similar to the following is displayed:



Modifying Your Upload Account

Use this function if you need to modify the information supplied when you originally created your account.

- 1** Open an Internet browser window, type <https://nccsrs.hidinc.com> in the address bar, and then press [**Enter**].
- 2** Type your user name in the **User name** field.
- 3** Type your password in the **Password** field.
- 4** Click **OK**.
- 5** From the RxSentry home page, click **Modify Upload Account**.
- 6** Update the information as necessary.
- 7** Click **Next**. A message displays indicating that your account information was successfully updated.

4 Data Delivery Methods

About This Chapter

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s).

For quick reference, click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

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Secure FTP over SSH

There are many free software products that support secure FTP. Neither the NC DHHS nor HID is in a position to direct or support your installation of operating system software for secure FTP; however, we have information that WinSCP (<http://winscp.net>) has been used successfully by other pharmacies.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 4.2 specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20140101.dat* if it is submitted on January 1, 2014.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20140101.zip* if it is submitted on January 1, 2014.
- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20140101.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20140101.dat*).

- 3 SFTP the file to <sftp://nccsrs.hidin.com>.
- 4 When prompted, use *ncpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user ID and enter the password supplied when you created your account.
- 5 Place the file in the new directory.
- 6 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
- 7 Log off when the file transfer/upload is complete.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Encrypted File with OpenPGP via FTP

There are many free software products that support file encryption using the PGP standard. Neither the NC DHHS nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP 4.2 specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.pgp* extension. For example, name the file *20140101.pgp* if it is submitted on January 1, 2014.
 - **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20140101.pgp.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20140101.pgp*).
- 4 Encrypt the file with the PGP software using the public key supplied during account creation.
- Note:** PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.
- 5 FTP the file to <ftp://ncpdm.hidinc.com>.
 - 6 When prompted, use *ncpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user ID and enter the password supplied when you created your account.

- 7 Place the file in the new directory.
- 8 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20140101.pgp*).
- 9 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
- 10 Log off when the file transfer/upload is complete.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

SSL Website

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 4.2 specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20140101.dat* if it is submitted on January 1, 2014.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20140101.zip* if it is submitted on January 1, 2014.

- 3 Open a Web browser and enter the following URL: <https://nccsrs.hidinc.com>.
- 4 When prompted, type the user ID and password supplied when the account was created.
- 5 Click **Upload a File**.
- 6 Click **Browse** to navigate to the location where you saved the file created in step 2.
- 7 If not previously named according to upload requirements, rename the file using the format **YYYYMMDD.dat**, for example, *20140101.dat*.
- 8 Click to select the file, and then click **Open**.
- 9 Click **Send File**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Physical Media (Tape, Diskette, CD, DVD)

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 4.2 specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20140101.dat* if it is submitted on January 1, 2014.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20140101.zip* if it is submitted on January 1, 2014.

- 3 Write the file to the preferred media (tape, diskette, CD, or DVD).
- 4 Add a label to the outside of the media that contains the following information:
 - Pharmacy NABP
 - Date of Submission
 - Contact Person
- 5 Mail the media to:

Health Information Designs, LLC
ATTN: NC PDM Program
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, prescription information may be submitted on the Universal Claim Form (UCF).

The UCF may be submitted in two ways: online or via paper submission. For more information, see the following topics:

- [Online UCF Submission](#)
- [Paper Submission](#)

Notes about NDC Numbers

Use the following information when entering NDC numbers on the either the online UCF or a paper UCF:

- NDCs are 11 digits and use the format *99999-9999-99*.
- When adding an NDC, do not include the dashes, for example, *99999999999*.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with "NDC-" and followed by the number.
- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline:

If the NDC appears this way ...	Enter it this way ...
1234-5678-90 (missing 0 in first segment)	01234568790
54321-123-98 (missing 0 in 2nd segment)	54321012398

Online UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, you may submit prescription information using RxSentry's online UCF.

The following new terms are introduced in this topic:

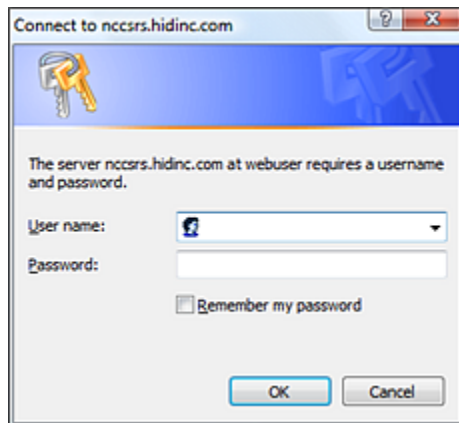
- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with your state's reporting time frame.

Perform the following steps to use the online UCF to submit prescription information:

- 1** If you do not have an account, perform the steps in [Creating Your Account](#).
- 2** Open an Internet browser window and type the following URL in the address bar: <https://nccsrs.hidinc.com/>.
- 3** Press **[Enter]**.

A window similar to the following is displayed:



- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **UCF Form Entry**. A window similar to the following is displayed:



- o **Enter Next Form** allows you to prepare one or more records for submission.
 - o **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have been previously been submitted.
- 8 Click **Enter Next Form**. A window similar to the following is displayed:

- 9** The UCF contains three sections—Patient Information, Dispenser Information, and Prescription Information. Refer to the following information to complete these sections on the UCF:
- **Patient Information** – Complete all fields in this section.
 - **Dispenser Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated dispenser information available within the RxSentry database is populated in the appropriate fields.
 - **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed. If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box to auto-populate each prescription with the previously-used prescriber information.
- 10** Once all information has been entered, click **Submit**.

Notes:

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.
- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in [Assistance and Support](#).

- 11** The UCF is displayed for your review. If all information is correct, click **Submit**. If you need to modify any information, click **Modify**.

Once you click **Submit**, a window similar to the following is displayed:

Summary of Previously Entered Form(s)	
Patient Name	JANE DOE
DOB	04/19/73
Prescriber	Pharmacy PAYSON APOTHECARY PHARMACY, LLC
Rx#	1234
Drug Name	HYDROCODONE SYRUP
Filed	09/02/09
Written	09/02/09
Load Status	ENTERED

There are 1 Record(s) in Current Batch for A97725394

- 12** Perform one of the following functions:
- Click **Enter Next Form** to add additional records to this batch.
 - Click **Show Batch Counts** to display the number of records in the current batch.
- 13** Click **Submit/Close Batch** to upload this batch of records.

Paper Submission

If you do not have an automated record keeping system capable of producing an electronic report following the provided ASAP 4.2 format, and you have been approved by the NC DHHS, you may submit prescription information via paper UCF.

Completed UCFs may be faxed to 1-888-288-0337 or mailed to:

Health Information Designs, LLC
ATTN: North Carolina PMP
PO BOX 3210
Auburn, AL 36832-3210

Note: The UCF is provided in [Appendix B](#) of this document.

5 Upload Reports and Edit Definitions

Upload Reports

HID provides all submitters of data with an upload report. When creating an account, you are required to submit an e-mail address and a fax number. You can specify if you wish to receive your upload report by either of these methods. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

The following is an example of an error report:

Edit Report for file groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012			
	File Name		
	Numeric Error Code*	Error Description*	Data that was incorrect
			RX Number
Record	10: 25-Prescriber ID not found		Data: [000000] AB9876543 04034558
Record	52: 25-Prescriber ID not found		Data: [BY0000001] AB9876543 04033470
Record	84: 25-Prescriber ID not found		Data: [AD0000004] AB9876543 04031888
Record	99: 54-Customer Zip Code conflicts with Stat		Data: [000000000] AB9876543 04034458
Record	152: 25-Prescriber ID not found		Data: [B05555555] AB9876543 04034493
Record	185: 25-Prescriber ID not found		Data: [B05555555] AB9876543 04034459
Record	200: 25-Prescriber ID not found		Data: [B5110011] AB9876543 04034489
Record	215: 54-Customer Zip Code conflicts with Stat		Data: [432780000] AB9876543 04033520
Record	224: 25-Prescriber ID not found		Data: [AS1111119] AB9876543 04034542
Record	350: 25-Prescriber ID not found		Data: [MH5555555] AB9876543 04034481
Record	351: 25-Prescriber ID not found		Data: [MH5555555] AB9876543 04034482
Record	373: 54-Customer Zip code conflicts with Stat		Data: [000000000] AB9876543 04032245
Total #Records: 398 (TOTAL NUMBER OF RECORDS YOU SUBMITTED) # Records with Errors: 12 (3%) # Records with SERIOUS Errors: 3 (1%) (WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS) # Records with FATAL Errors: 0 (0%) (WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL) # Records with Duplicates: 0 (0%) (WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED) 0 Records Imported 05/31/2012 (TOTAL NUMBER OF RECORDS WE ACCEPTED)			
*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.			

A single claim may be rejected, or if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. We track three types of errors:

- Minor – Incorrect data in non-vital field
- Serious – Record can be loaded with missing or inappropriate data
- Fatal – Record cannot be loaded

An entire batch may be rejected if:

- ALL records have Fatal or Serious errors
- More than 10% of the records have Fatal errors
- More than 20% of the records have Serious errors

Our intent is to identify formatting errors and issues with the proper recording of data. Otherwise, we will load all records without fatal errors.

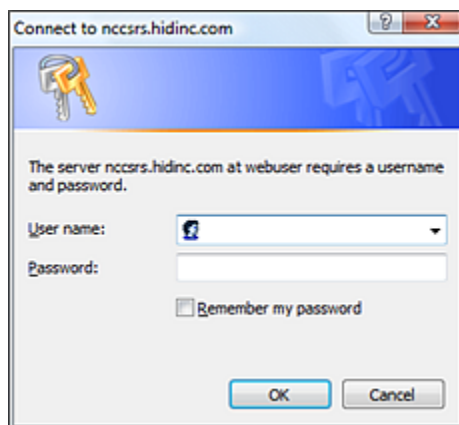
View Upload Reports

This function provides dispensers with access to upload reports that were previously delivered via e-mail or fax following a data submission. By default, the reports that display for reviewing are provided for a 31-day period. However, dispensers can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view upload reports:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://nccsrs.hidinc.com>.
- 2 Press **[Enter]**.

A window similar to the following is displayed:



- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **View Upload Reports**. A window similar to the following is displayed:

Report Timeframe: 10/18/10 - 11/18/10 <input type="button" value="Submit"/>		
Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	20101111.dat.rpt	11/11/10
10/21/10 9:58:52 AM	20101021.dat.rpt	10/21/10

- 7 Click a hyperlink in the **Report Name** field to open an upload report for viewing.

To view reports for a different time frame, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

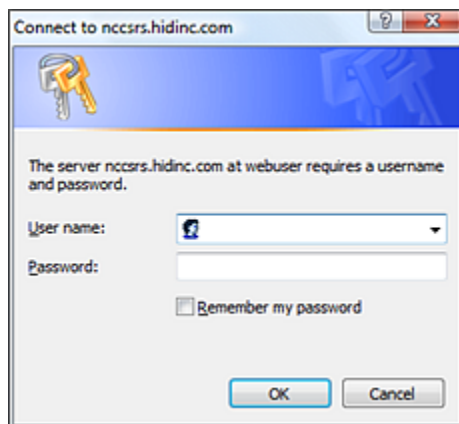
View Zero Reports

This function provides uploaders the ability to view previously submitted zero reports. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view zero reports:

- 1 Open an Internet browser window and type the following URL in the address bar:
<https://nccsrs.hidinc.com>.
- 2 Press **[Enter]**.

A window similar to the following is displayed:



- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **View Zero Reports**.

A window similar to the following is displayed:

Zero Reports					
Report Timeframe:		02/09/13	-	03/12/13	Submit
From Date	To Date	Pharmacy ID	Pharmacy Name	Upload Date	
No zero reports uploaded for selected timeframe.					

Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record. Fatal error corrections must be resubmitted within three (3) days of the initial record submission. If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values as explained below.

Note: Edit Number V1 as shown in the [Edit Definitions](#) table should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are reached. Error thresholds are defined in the [Upload Reports](#) section.

The ASAP 4.2 standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. Pharmacies may submit new records, revise and resubmit records, and void (delete) erroneous records.

These actions are indicated by supplying one of the following values in the **DSP01** field:

- 00 New Record – indicates a new record
- 01 Revise – indicates that one or more data elements in a previously-submitted record has been revised
- 02 Void – indicates that the original record should be voided

Use the information in the following topics to create, revise/resubmit, or void an erroneous record.

Submit a New Record

Perform the following steps to submit a new record:

- 1 Create a record with the value 00 in the **DSP01** field.
- 2 Populate all other required fields and submit the record.

Note: These steps are used to submit new records *or* to submit records that were previously submitted but received a fatal status on your error report. **Records with fatal errors are not loaded to the system.** The errors in these records must be corrected in your system and resubmitted using the 00 status in the **DSP01** field.

Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value 01 in the **DSP01** field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
 - PHA03 (DEA Provider ID)
 - DSP02 (Prescription Number)
 - DSP05 (Date Filled)

- 3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- 4 Submit the record.

Important note: If any of the fields referenced in step 2 are part of the correction, the record must first be voided using the steps provided in the [Void a Record](#) section, and then you must re-submit the record using the value 00 in the **DSP01** field.

Void a Record

Perform the following steps to void (delete) a record:

- 1 Send a record with the value 02 in the **DSP01** field.
- 2 Fill in all other data identical to the original record. This will void the original record submission.

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format of File Error	Fatal
Edit 02	Pharmacy ID is blank (No DEA number provided)	Fatal
Edit 05	Pharmacy ID not found	Fatal
Edit 07	Customer Id Number must not be blank	Minor
Edit 09	Birth Date must be a valid date and plausible (1890 < Birth-Date < * today) Accurate Birth-Date is essential to identifying near matches of patients	Serious
Edit 10	Gender must be valid Gender is important in identifying near matches of patients	Serious
Edit 14	Reporting Status Invalid	Fatal
Edit 15	Date Dispensed must be a valid date and plausible (a month ago < Date-Dispensed < today)	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	QTY Dispensed must be a valid number and plausible	Minor
Edit 19	Days Supply is invalid	Minor
	Days Supply is 999	Fatal
Edit 21	NDC Number must be a valid number and found in our database (Not Fatal, since it is possible a new NDC might not be in our database, and it is better to import the record)	Serious

Edit Number	Message	Severity
Edit 25	Prescriber ID not found table (Not Fatal, since it is possible a new Prescriber might not be in our database, and it is better to import the record)	Serious
	Prescriber ID is blank	Fatal
Edit 28	Date RX Written is irrational (a month ago < Date-Dispensed < today)	Serious
	Date RX Written is invalid	Fatal
Edit 31	Classification Code for Payment Type is invalid	Minor
Edit 50	Customer Last Name must not be blank	Serious
Edit 51	Customer First Name must not be blank	Serious
Edit 52	Customer Address must not be blank	Serious
Edit 53	Customer Zip Code must not be blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 56	Customer City is blank	Serious
Edit 60	Customer State Code is blank	Serious
Edit 61	Customer State Code is invalid	Serious
Edit 86	Diagnosis Code must be a valid ICD9 diagnosis	Minor
Edit 200	Prescription Number is blank	Serious
Edit V1	Should not be an existing record for same patient name/DOB/dates/NDC/Prescriber Apparent Duplicate	Fatal

6 Assistance and Support

Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact HID at nccsrs-info@hidinc.com

Or

Call 1-866-792-3149

Technical assistance is available from 9:00 a.m. – 5:00 p.m. EST (Eastern Standard Time).

Administrative Assistance

If you have any non-technical questions regarding the North Carolina prescription drug monitoring program, please contact:

John Womble; e-mail address: johnny.womble@dhhs.nc.gov

Or

North Carolina Controlled Substance Reporting System
Division of Mental Health, Developmental Disabilities, and Substance
Abuse Services
3008 Mail Service Center
Raleigh, North Carolina 27699-3008
Phone: 919-733-1765
E-mail: nccontrolsubstance.reporting@dhhs.nc.gov

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7 Document Information

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Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate...
Bold	References to execution buttons, windows, file names, menus, icons, or options
<i>Times New Roman Italic</i>	Text you must type in a field or window, for example, \\server_name\printer_name for a network printer
<i>Italic Text</i>	Reference to this document, external document, or external resource

Table 1 – Text Formats

Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

Publication Date	Version Number	Comments
09/25/2013	1.0	Initial publication
08/02/2013	.02	Updated delivery
09/24/2013	.03	Updated delivery

Table 2 – Document Version History

Change Log

The Change Log records the changes and enhancements included in each version.

Version	Chapter/Section	Change
1.0	N/A	N/A

Table 3 – Document Change Log

Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) version 4.2 format to comply with the North Carolina Controlled Substance Reporting System (NC CSRS) requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example, *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).
 - Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.
 - If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

Note: The Transaction Header is the only segment that has a Data Segment Terminator field built in.

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).
- Field Usage
 - R = Required by ASAP
 - S = Situational
 - RR = Required by the NC CSRS

Both "R" and "RR" fields must be reported.

Note: For more information regarding ASAP 4.2 specifications, contact the American Society for Automation in Pharmacy at www.asapnet.org for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number. This is a required segment.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> ▪ 01 Send/Request Transaction ▪ 02 Acknowledgement (used in Response only) ▪ 03 Error Receiving (used in Response only) ▪ 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	S
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <ul style="list-style-type: none"> ▪ P = Production ▪ T = Test 	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source			
Required segment; used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

Segment	Field ID	Field Name	Field Usage
PHA: Pharmacy Header			
Required segment; used to identify the pharmacy.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	S
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	Pharmacy or Dispensing Prescriber Name Free-form name of the pharmacy or dispensing prescriber's name	S
	PHA05	Address Information – 1 Free-form text for address information.	S
	PHA06	Address Information – 2 Free-form text for address information.	S
	PHA07	City Address Free-form text for city name.	S
	PHA08	State Address U.S. Postal Service state code.	S
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	S
	PHA10	Phone Number Complete phone number including area code.	S
	PHA11	Contact Name Free-form name.	S
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	S
PAT: Patient Information			
Required segment; used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Field ID	Field Name	Field Usage
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	Last Name Patient's last name.	RR
	PAT08	First Name Patient's first name.	RR
	PAT09	Middle Name Patient's middle name or initial if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S

Segment	Field ID	Field Name	Field Usage
	PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	S
	PAT12	Address Information – 1 Free-form text for street address information.	RR
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	RR
	PAT15	State Address U.S. Postal Service state code. Note: Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	Phone Number Complete phone number including area code.	RR
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD.	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> ▪ F Female ▪ M Male ▪ U Unknown 	S
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> ▪ 01 Human ▪ 02 Veterinary Patient 	S

Segment	Field ID	Field Name	Field Usage
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> ▪ 01 Home ▪ 02 Intermediary Care ▪ 03 Nursing Home ▪ 04 Long-Term/Extended Care ▪ 05 Rest Home ▪ 06 Boarding Home ▪ 07 Skilled-Care Facility ▪ 08 Sub-Acute Care Facility ▪ 09 Acute Care Facility ▪ 10 Outpatient ▪ 11 Hospice ▪ 98 Unknown ▪ 99 Other 	S
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record			
Required segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> ▪ 00 New Record (indicates a new prescription dispensing transaction) ▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) ▪ 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment) 	RR
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	Days Supply Estimated number of days the medication will last.	RR
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> ▪ 01 Each ▪ 02 Milliliters (ml) ▪ 03 Grams (gm) 	S
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> ▪ 01 Written Prescription ▪ 02 Telephone Prescription ▪ 03 Telephone Emergency Prescription ▪ 04 Fax Prescription ▪ 05 Electronic Prescription ▪ 99 Other 	S
	DSP13	Partial Fill Indicator Used when the quantity dispensed (DSP09) is less than the quantity prescribed. <ul style="list-style-type: none"> ▪ 00 Not a Partial Fill ▪ 01 First Partial Fill Note: For each additional fill (for a specific prescription), increment by "1"; for example, the second partial fill for a prescription would be reported as "02", up to a maximum of "99".	S

Segment	Field ID	Field Name	Field Usage
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	DSP16	Classification Code for Payment Type Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> ▪ 01 Private Pay ▪ 02 Medicaid ▪ 03 Medicare ▪ 04 Commercial Insurance ▪ 05 Military Installations and VA ▪ 06 Workers' Compensation ▪ 07 Indian Nations ▪ 99 Other 	RR
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	RxNorm Product Qualifier <ul style="list-style-type: none"> ▪ 01 Semantic Clinical Drug (SCD) ▪ 02 Semantic Branded Drug (SBD) ▪ 03 Generic Package (GPCK) ▪ 04 Branded Package (BPCK) Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP20	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
	DSP21	Electronic Prescription Order Number Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S

Segment	Field ID	Field Name	Field Usage
PRE: Prescriber Information			
Required segment; used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	S
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	S
	PRE06	First Name Prescriber's first name.	S
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number	S
CDI: Compound Drug Ingredient Detail			
Use of this segment is situation; required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 02 UPC ▪ 03 HRI ▪ 04 UPN ▪ 05 DIN ▪ 06 Compound (this code is not used in this segment) 	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R

Segment	Field ID	Field Name	Field Usage
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> ▪ 01 Each (used to report as package) ▪ 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) ▪ 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	S
AIR: Additional Information Reporting			
Use of this segment is situation; used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	ID Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> ▪ 01 Patient ▪ 02 Parent/Legal Guardian ▪ 03 Spouse ▪ 04 Caregiver ▪ 99 Other 	S
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S

Segment	Field ID	Field Name	Field Usage
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	S
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> ▪ 01 Person Dropping Off ▪ 02 Person Picking Up ▪ 98 Unknown/Not Applicable Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.	S
TP: Pharmacy Trailer			
Required segment; used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer			
Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

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Appendix B: Universal Claim Form

The Universal Claim Form (UCF) is provided on the following page.

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**NORTH CAROLINA DHHS
CONTROLLED SUBSTANCE REPORTING SYSTEM
UNIVERSAL CLAIM FORM**

Please use this form to report the dispensing of a controlled substance.

Fax: (888) 288-0337
Phone: (866) 792-3149

Fax or Mail to
Health Information Designs

391 Industry Dr.
Auburn, AL 36832

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____
 Identification Number Identifier Military ID State Issued ID Unique System ID Passport ID
 Driver's License ID Social Security Number Tribal ID Other
 Identification Number _____
 DOB ____/____/____ Telephone Number ____ - ____ - ____
 Address _____ City _____ State ____ ZIP _____

PHARMACY INFORMATION

Pharmacy Name _____ DEA _____
 Phone # (____) ____ - ____ Fax # (____) ____ - ____
 Address _____ City _____ State ____ ZIP _____

PRESCRIPTION INFORMATION

Prescription #1

Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill
 NDC [] [] [] [] [] - [] [] [] [] [] - [] [] Drug Name (strength) _____
 Quantity Dispensed (number of metric units) _____ Days Supply _____ # Refills Left _____
 Prescriber Name _____ State License # _____ DEA _____
 Prescriber Phone # (____) ____ - ____ Prescriber Fax # (____) ____ - ____
 Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance Military Installations/VA
 Workers' Compensation Indian Nations Other

PRESCRIPTION INFORMATION

Prescription #2

Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill
 NDC [] [] [] [] [] - [] [] [] [] [] - [] [] Drug Name (strength) _____
 Quantity Dispensed (number of metric units) _____ Days Supply _____ # Refills Left _____
 Prescriber Name _____ State License # _____ DEA _____
 Prescriber Phone # (____) ____ - ____ Prescriber Fax # (____) ____ - ____
 Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance Military Installations/VA
 Workers' Compensation Indian Nations Other

FOR HID USE ONLY

Date Received ____/____/____ Date Entered ____/____/____
 Comments _____

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