RxDataTrack
CSAPP
Controlled Substance Automated Prescription Program

Procedures Guide

For Data Submission

Dispensers / Dispensing Prescribers

State of West Virginia Board of Pharmacy
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A. Document Overview

West Virginia Monitoring Program

The West Virginia Controlled Substance Automated Prescription Program **(CSAPP)** Policies and Procedures Guide for the State of West Virginia Board of Pharmacy **(BOP)** describes the policies and procedures mandated by the State of West Virginia regarding the reporting of Schedule II, III, IV, and V controlled substances, along with designated Drugs of Concern and opioid antagonists, to the State of West Virginia Prescription Monitoring Program **(WVPMP)**. The WV PMP, **CSAPP**, utilizes proprietary RxDataTrack software.

- CSAPP is a web-based system that optimizes the collection, analysis and reporting of information on the prescribing, dispensing, and use of controlled substances.
- The system assists state regulators plus authorized prescribers and dispensers with monitoring controlled substances in order to prevent the diversion, abuse and misuse of controlled-substance prescription medication.
- Information collected through CSAPP provides data utilized for education and information, early intervention, prevention of diversion, investigation and enforcement of existing laws governing the use of controlled substances.
- This serves as a valuable tool in the effort to protect the health and welfare of the citizens of West Virginia by reducing the abuse of prescription drugs.

Pharmacies that dispense controlled substances must submit prescription information as required by the laws and regulations and in the manner and format specified in this manual. Pharmacies that utilize the services of a third-party software vendor to submit prescription information remain solely responsible for compliance with these requirements.

The general requirements for the electronic transmission of prescription information are:

- Electronic transmission must occur in the file format and manner approved by the West Virginia Board of Pharmacy as described in this manual.
- Electronic transmission must be done as a batch transmission at least once daily.

B. Data Collection:

Requirements

This guide provides information regarding the West Virginia Prescription Monitoring Program (WV PMP). The program was established to collect data on all Schedule II, III, IV, and V controlled substances; Drugs of Concern, and opioid antagonists dispensed in the State of West Virginia or dispensed to an address in the State of West Virginia to a West Virginia Resident.

Time Requirements

The required data may be transmitted in the form of a direct upload via secure FTP, via the secure website, or by direct data entry at https://www.csappwv.com. Reports must be submitted no later than 24 hours after dispensing.

Please Note: *Dispensing has not occurred until the drug is actually delivered to the patient or patient's representative - Placing the scheduled prescription into a bin for pickup is not considered a "delivery" under this definition per West Virginia Rules.*

Prescription Reporting Requirements

Every pharmacy (including out-of-state pharmacies) that services outpatients and dispenses any controlled substance, designated Drug of Concern, or opioid antagonist is required to submit the dispensing information to the WVBOP in a format consistent with American Society of Automation in Pharmacy (ASAP) 4.2 standards. Format details for ASAP 4.2 are on located in Appendix A.

Note: Change in rule enacted in 2012, 60A-9-4 limiting practitioner dispensing to a 72-hour supply, and **requiring reporting to the WVPMP /CSAPP**.

Reporting required by this section is not required for a drug administered directly to a patient by a practitioner. Reporting is, however, required by this section for a drug dispensed to a patient by a practitioner: Provided that the quantity dispensed may not exceed an amount adequate to treat the patient for a maximum of seventy-two hours with no greater than two seventy-two-hour cycles dispensed in any fifteen-day period of time.

At this time, there are no medications that have been designated as a Drug of Concern in WV, however this is subject to change in the future.

Gabapentin Reporting Guidelines

In legislation that went into effect on 6/07/2018, gabapentin was reclassified from a Drug of Concern to a Schedule V Controlled Substance in the State of West Virginia. A DEA certificate is required to prescribe or dispense gabapentin in WV.

All dispensers must report the dispensing of gabapentin. This dispensing should be treated as though it is a controlled substance in that AIR segments regarding pick up should also be reported.

Non-Compliance

A dispenser that knowingly fails to submit their controlled substance dispensing as required by West Virginia State Rules may be subject to disciplinary action.

Zero Reporting

Accounting for No Reportable Prescriptions Dispensed: NEVER or ZERO
A dispenser that NEVER dispenses a controlled substance should send the WVBOP a letter (manual signature, include telephone number and DEA number) to that effect. This will remove the dispenser from the list expected to report.
If dispensers occasionally dispense a controlled substance, they must report the Zero dispensing in the appropriate reporting period. If dispensers have ZERO prescriptions to report in any 7-day period, they must submit a Zero Report. A report of "zero" is very different from "failed to report". A "Zero Report" may be accomplished by a completed Zero Report file transmittal or an online entry via the website. Dispensers should enter (or submit) a date range covered by the zero report.

Waivers

If a dispenser is licensed in the State of West Virginia to dispense controlled substances II, III, IV and V in the State of West Virginia, but does not dispense any controlled substances II, III, IV or V or any Drug of Concern, then they are not required to report to CSAPP. However, the pharmacy must notify the Board of Pharmacy (BOP) in writing by completing a "no reporting" waiver form provided by the BOP, stating that they do not dispense controlled substances in the state. If the dispenser at any time decides to start dispensing controlled substances in the state, the dispenser must notify the BOP immediately and begin reporting to the West Virginia CSAPP.

Reporting Requirements

All pharmacies dispensing Schedule II, III, IV, and V controlled substances, opioid antagonists, or a designated Drug of Concern are required to collect and report their dispensing information to CSAPP (using RxDataTrack as the data collection software).

Note: *As of 6/07/2018, West Virginia does not have any designated Drugs of Concern. However, future legislation may add new drugs to this category.*

C. Data Submission

Specifications

Files must be in the ASAP 4.2 format as defined in APPENDIX A: ASAP 4.2 specifications.
The accepted file name convention for individual dispenser submitting through upload to website is:

(The DEA portion of the file name of your submission must match the DEA code selected).

Dispenser DEA (XX1234567)/Underscore (_) /year (2014) /month (07) /day (01) /hour (12)/minute (01) /second (00) and either .TXT or .DAT

Example:
XX1234567_20140701120100.[TXT|
OR
XX1234567_20140701120100.[DAT|

File submissions not abiding to this naming convention will be rejected.
Maximum File Size: 5MB

For files submitted for multiple dispenser locations through sFTP, the accepted file name convention is the Dispenser Corporate name with year, month, day, hour, minute and second:
ACMEPHARM_YYYYMMDDHHMMSS.txt or .dat

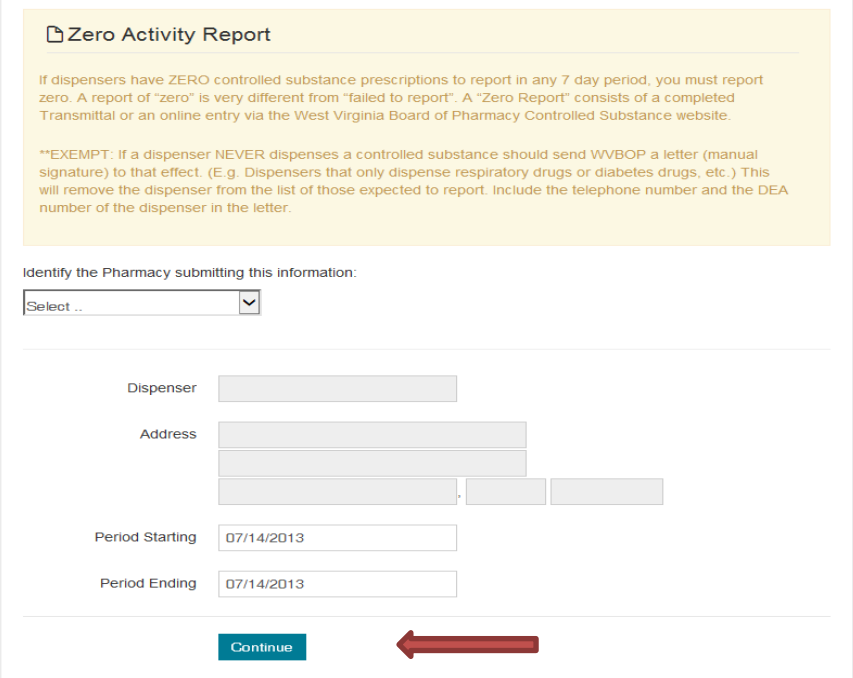
D. Data Submission Types

Zero Reporting

Accounting for No Reportable Prescriptions Dispensed: NEVER or ZERO
A dispenser that NEVER dispenses a controlled substance should send the WVBOP a letter (manual signature, include telephone number and DEA number) to that effect. This will remove dispenser from the list expected to report. If dispensers occasionally dispense a controlled substance, you need to report the Zero dispensing in the appropriate reporting period. If dispensers have ZERO prescriptions to report in any 7-day period, you must report zero. A report of "zero" is very different from "failed to report". A "Zero Report" consists of a completed transmittal or an online entry via the website. Make sure to enter (or submit) a date range covered by this zero report.

Option 1: Report using format described in APPENDIX D as part of an electronic reporting data transmission.

Option 2: Report via website using fill-in web form.
1. Register as a Dispenser at https://www.csappwv.com
2. Once your account has been approved use your username and password to sign in.
3. Click Data Submission, and select Zero Activity Report.
4. Follow instructions and submit.



Data Reporting

Reporting via sFTP requires the primary administrator for data reporting to register at this site as a sFTP User. This is **not** the same type of account as is used to access the website. Upon creation of a sFTP account, emails will be sent that will contain instructions for connecting to the server along with a username and password**.**

Reporting by file upload via the website or by manual data entry requires the PIC to create a Master account on the CSAPP website for the DEA location. Uploaders will be notified by email of any errors with the option to correct them at https://www.csappwv.com.

There are special instructions for category selections within the ASAP 4.2 format for Mail Order Dispensers' electronic data submission. In the case of delivery of controlled substances to nursing home patients or similar, the AIR (additional information reporting) fields should be completed as if a Mail Order transaction.

Data Submission

Vendors submitting a test file with the field "TH07" as "T" will need to contact support@rxdatatrack.com with file name to check results. **All others must submit "TH07" as "P" to submit production data otherwise data will not be accepted.**

Data may be submitted in any of the following forms.

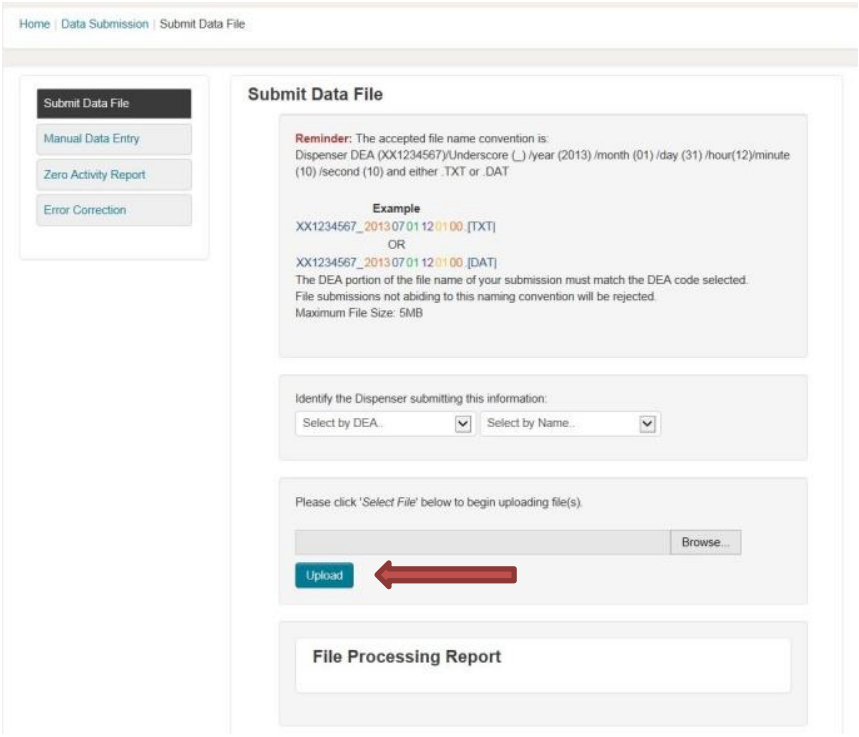
1. **SECURE FILE TRANSFER PROTOCOL (SFTP):**
   File name for Dispensers reporting **one** DEA location must be .txt or .dat file and should be the Dispenser DEA number, underscore separator plus creation date and time:

   i.e. AB1234567_YYYYMMDDHHMMSS.TXT or (.DAT)

   File name for Dispensers reporting **multiple** DEA locations should be .txt or .dat file and should be the corporate name with creation date and time:

   i.e. ACMEPHARM_YYYYMMDDHHMMSS. TXT or (.DAT)

2. **FILE UPLOAD TO WEBSITE**
   1. Go to https://www.csappwv.com
   2. Enter Username and password
   3. Select Data Submission, Submit Data File, Upload Data (See Appendix A for the ASAP file format).



4. Click Browse to select the data file from your computer
5. Click Select
6. Click Upload
7. You will receive a confirmation email after processing with acceptance / error notification

Note: File Submission emails containing important information concerning errors or rejections will be sent to the email address associated with your account upon completion of file processing. Although these emails generally arrive a short time after a file is uploaded, there are occasions when emails may take longer to arrive. Please allow 24 hours and also check any spam folders before considering an email as having not been received.

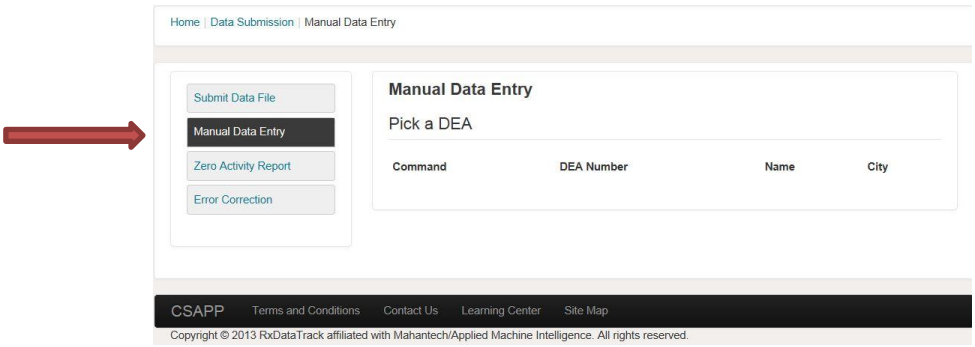
3. MANUAL ENTRY

Online Controlled Substance Data Submission:

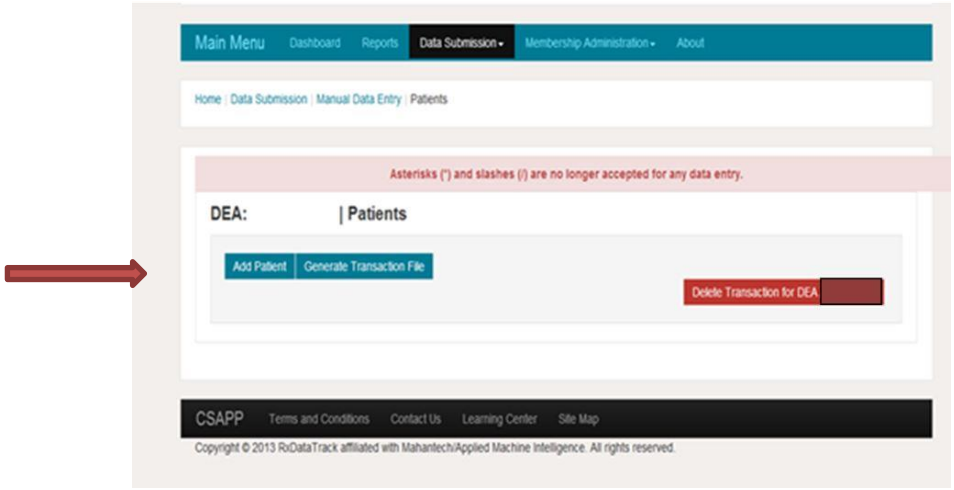
If you do not have an electronic record-keeping system capable of producing an exportable report using the ASAP 4.2 format, you may submit prescription information using a manual entry system on CSAPP.

In order to allow flexibility in completing the form to submit multiple records, the online manual submit form can be started and completed throughout the course of the working day.

Follow these steps to submit prescription information:
1. Register as a Dispenser at https://www.csappwv.com
2. Once your account has been approved use your username and password to sign in.
3. Click **Data Submission**, and select **Manual Data Entry**.
4. Select DEA location for which you are reporting.



5. Click on Add Patient. Follow steps.



Physical Media (Tape, Diskette, CD, DVD)

These are not supported and are not an accepted method of submitting data.

E. Error Notification & File Rejection

Summary Report as Email Message

CSAPP will send a File Submission Report in an email to the data originator (at the email address provided at registration) for **all** data uploads. This will indicate:

1) Successful processing (containing NO errors)
2) Rejection (with fatal errors)
3) Partially accepted with errors (requiring correction and resubmission of certain data elements).

Each email will contain the reason for the rejection.

If numbers 2 or 3 occur, correct the data that caused the errors and resubmit the entire record again. Errors should be corrected within seventy-two hours of the original submission. Records should be corrected using the correct DSP01 values (See ASAP field descriptions later in document).

Dispensers with CSAPP website accounts may also use the website to correct errors. (See page 15)

If data is submitted via sFTP, a log file is placed in your home directory on the sFTP server.

Note: Please check your sFTP folder after uploading the daily data file for the LOG file. The file will have the same name as the file that was uploaded with an extension of .log for the error notification and file rejection.

SEE NEXT PAGE:
SAMPLE DATA SUBMISSION CONFIRMATION EMAIL.

If no email is received, then no data was received by CSAPP. Please allow up to 24 hours for emails to arrive.

Sample File Submission Email

From: RxDataTrack (CSAPP SUPPORT)
Sent: Saturday, July 08, 2017 1:20 AM
To: Test Subject Pharmacy
Cc: filestatus@rxdatatrack.com
Subject: [EXTERNAL] ASAP File Submission Report
Sensitivity: Confidential

This email is provided in response to a file submission to the WV Board of Pharmacy Controlled Substance Monitoring Program: CSAPP/RxDataTrack

File Name	Upload Date	Dispensing Date Range	Total Errors
BP9551385_20170705T181012_BP9551385_20170705060933.TXT	2017 Jul 05	2017 Jul 05 to 2017 Jul 05	96

NOTE: There can be more than one error per segment. For example: in the case a data record for the patient segment has PAT01, PAT02, and PAT03 missing, the report will show one segment with error, and three generated errors.

These errors can be corrected by:

- Resubmitting corrected data as a ***REVISED*** record
- Voiding and resubmitting a ***NEW*** record
- Collect the **LOG** file from the sFTP server, correct the error records, and resubmit
- Individual Dispenser can correct errors on the CSAPP website by selecting **Data Submission** then **Error Correction**

If you have any questions regarding this summary information, please contact support@rxdatatrack.com.

Sincerely,

RxDataTrack

***Note*: Error Detail Report attached:** Attached is a summary CSV report showing status of your data file submission and rejection errors.

All errors require correction within three days. Notifications will be sent to remind if action is not taken.
From September 1, 2017, all required fields not submitted/left blank will cause a fatal error and will require the total file to be corrected prior to resubmission.

F. Error Correction

sFTP File Submission -

OPTION ONE

A log file /report will be placed in your home directory on the sFTP server –

e.g. AB1234567_YYYYMMDDHHMMSS.TXT.LOG (or .DAT.LOG)

Example:

TH**3*~~IS*~PHA*~ACK*R*69*Invalid Data Element Seperator~ACK*R*69*TH Data is Invalid~TP*4~TT*XXXXX*7~**

Condition	Return Value in TH	Return Value in ACK
TH01 <> 4.2	TH*4.0*20120101*03**20121213*0141*T**~~	ACK01*R*69*Invalid File Version~
TH02 = Blank	TH*4.2*__*03**20121213*0141*T**~~	ACK01*R*69*Transaction Control Number Required~
TH03 <> 1	TH*4.2*20120101*03**20121213*0141*T**~~	ACK01*R*69*TH03 should be 01~
TH05 is NOT VALID	TH*4.2*20120101*03**20121413*0141*T**~~	ACK01*R*69*Invalid Creation Date ~
TH06 is NOT VALID	TH*4.2*20120101*03**20121213*3641*T**~~	ACK01*R*69*Invalid Creation Time ~
TH07 <> P or T	TH*4.2*20120101*03**20121213*0141*M**~~	ACK01*R*69*File Type should be P or T~
TH09 = Blank	TH*4.2*20120101*03**20121213*0141*T**~	ACK01*R*69*Segment Terminator Character Required~

Correct and resubmit
This .LOG file will contain only the prescriptions with errors. Resubmit **ONLY** the prescriptions which are in the AB1234567_YYYYMMDDHHMMSS.TXT.LOG file, ensuring that the DSP 01 field is given a value of 01. This indicates to the system that the file contains **revisions** to the prescriptions contained therein.

OPTION TWO

If your sFTP transmission system is **unable** to retrieve the .LOG file from your home directory on the sFTP server, a CSV error file will be attached to the email that is sent out regarding files that contain errors. You may use this to correct and resubmit the records. Please ensure that the correction file follows ASAP 4.2 format. ASAP 4.2 field descriptions begin on page 19 of this guide.

Detail Report (CSV File)
Number Shown in the Summary Header
Pharmacy ID Qualifier
Pharmacy ID
Pharmacy Name
Prescription Number
Date Filled
Field Code
Field Description
Processing Status
Value Provided
Comment:
NPI,'9988776655',National Chain# 3937,'1122345','20100415', PAT16,PATIENT ZIP,Error,,Missing
NABP,3344455,National Chain# 2607,'2233456','20100415', PAT19,PATIENT GENDER,Error,,Missing
DEA,AW5555555,National Chain# 1987,'3344567','20100415',PRE03,
PRESCRIBERS DEA NUMBER,Error,BG1111119,Invalid
DEA,AW5555555,National Chain# 1987,'3344567','20100415',DSP08,
NDC,Warning,'51552002906',Invalid
DEA,AW5555555,National Chain# 1987,'3344605','20100415',,, Duplicate,,Row was a duplicate in the same

OPTION THREE

sFTP users can to elect to have the individual Dispensing Location correct data via the CSAPP website using the process detailed under Web Form.

Note: All records with errors that are not fatal will be loaded unless the error thresholds are reached. The entire submission file of prescription information will be rejected if it does not meet the data requirements specified in this manual and the layout and requirements of the ASAP 4.2 standards. In addition, if the number of errors exceeds 100, the entire file will be rejected.

Submitting Corrections

Using the ASAP 4.2 standard, a dispenser should select an indicator in the **DSP01** (Reporting Status) field. Dispensers 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

Revise a Record

Perform the following steps to revise a record:

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

3. Fill in all other data fields with the correct information. This information will override the original data.
4. Submit the record.

OR

Void a Record and Resubmit

Perform the following steps to void (delete) a record and send a NEW correct record:

1. Submit all data identical to the original record.
2. Send the record with the value 02 in the DSP01 field. This will void the original record submission.
3. Re-submit the record using the value 00 in the DSP01

All errors should be corrected within 72 hours of notification. Notifications will be sent by e-mail to the responsible party(s).

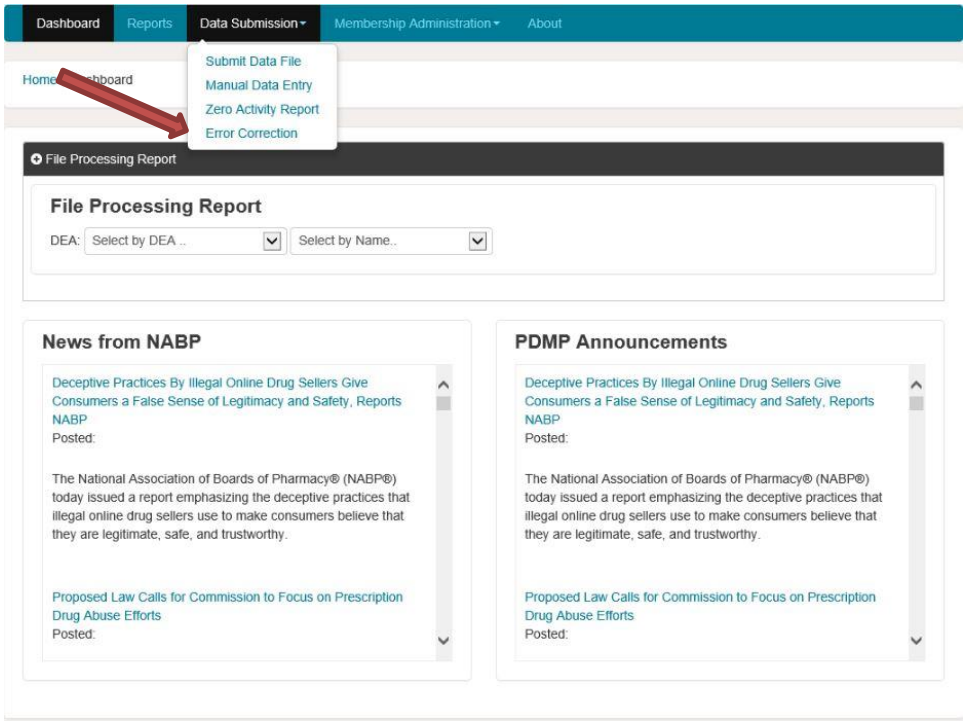
Note: Prescriptions records submitted to the PMP should never be sent with a revised or void flag unless an original script has been submitted first. Revisions or Voids should only be used to correct errors in previously submitted files.

Prescription Reversals

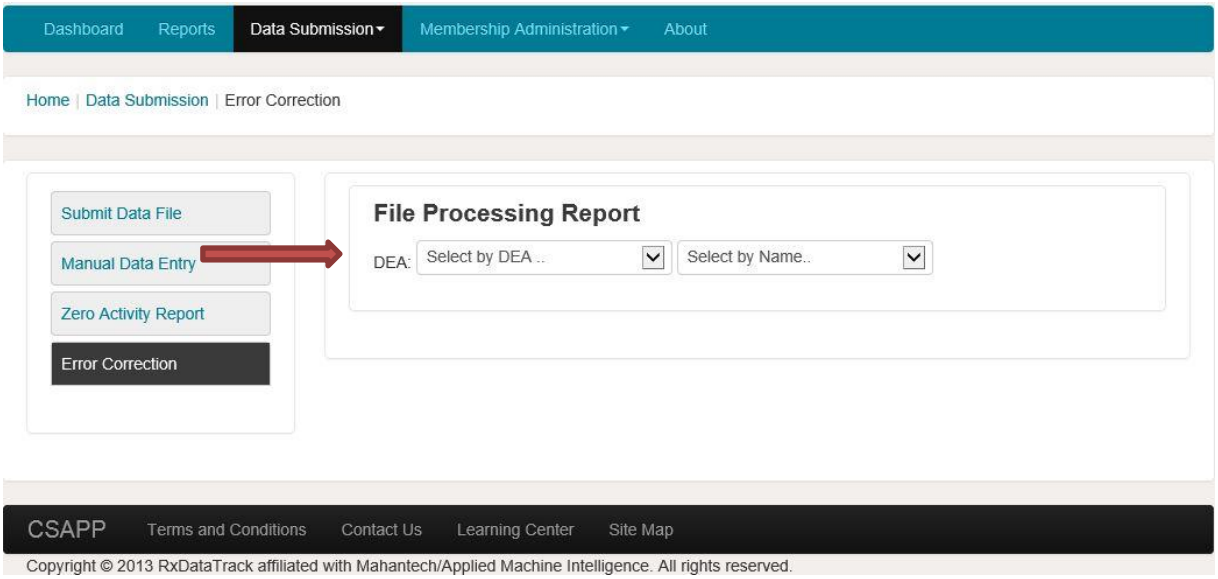
To report a prescription reversal, submit original file but change field DSP01 to 02 to VOID the original reported data. In this event, data will be kept on record but not displayed.

Web Form Error Correction

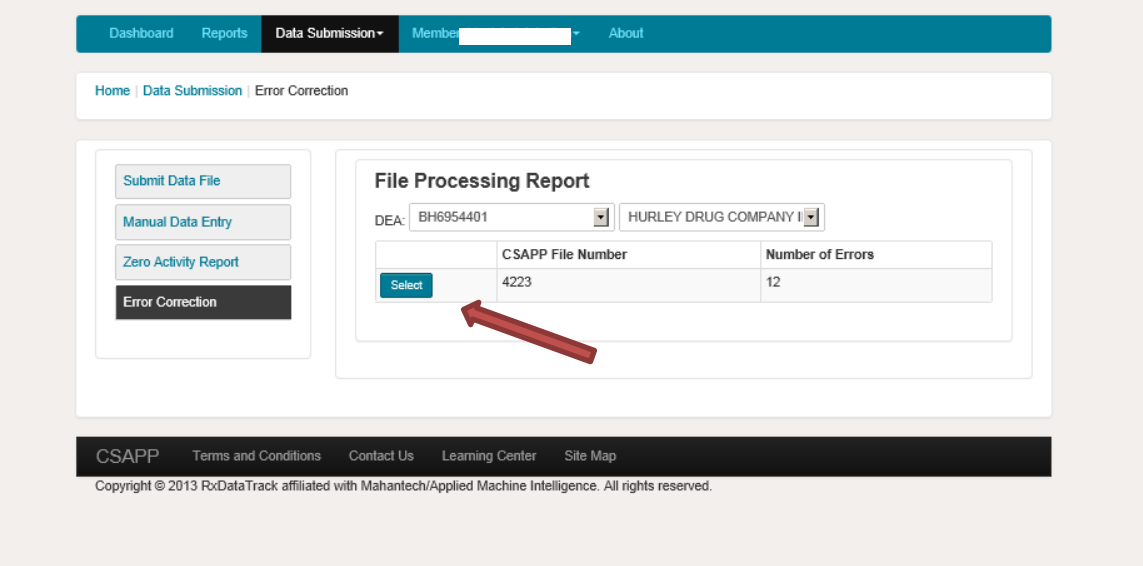
Log on to https://www.csappwv.com and under Data Submission, select Error Correction. Select the DEA number for the location to review errors and use the error correction form to correct and submit data. If your account is associated with multiple DEA locations, multiple locations can be corrected consecutively.



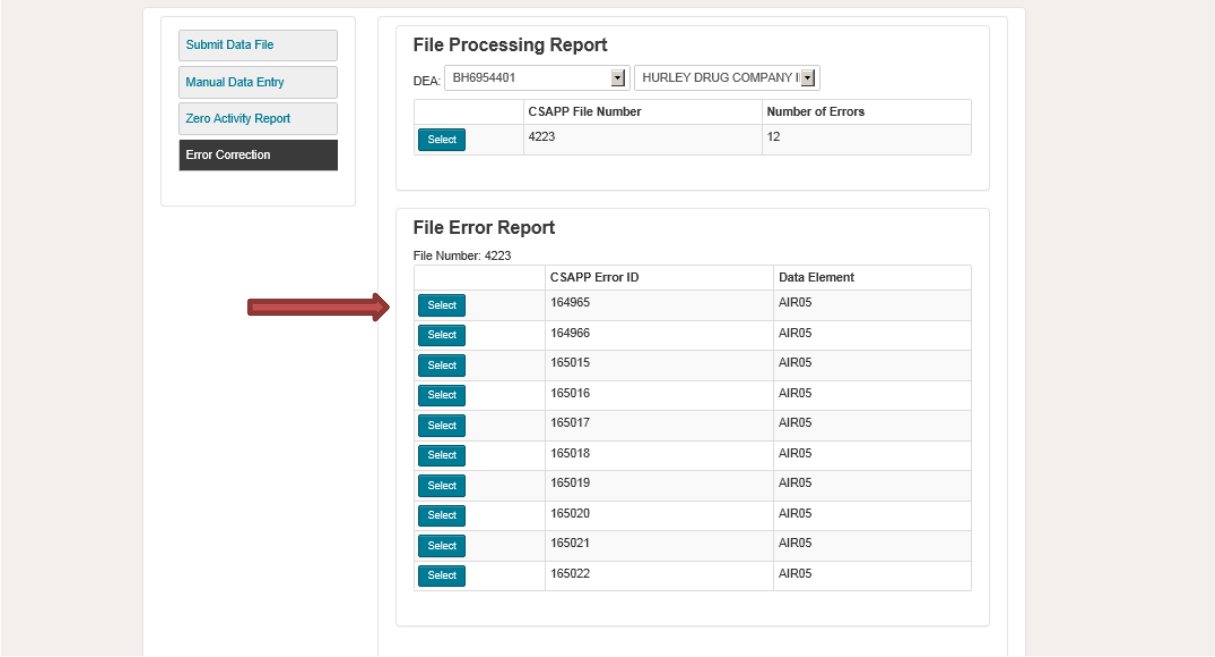
Select the DEA number or Pharmacy Name:



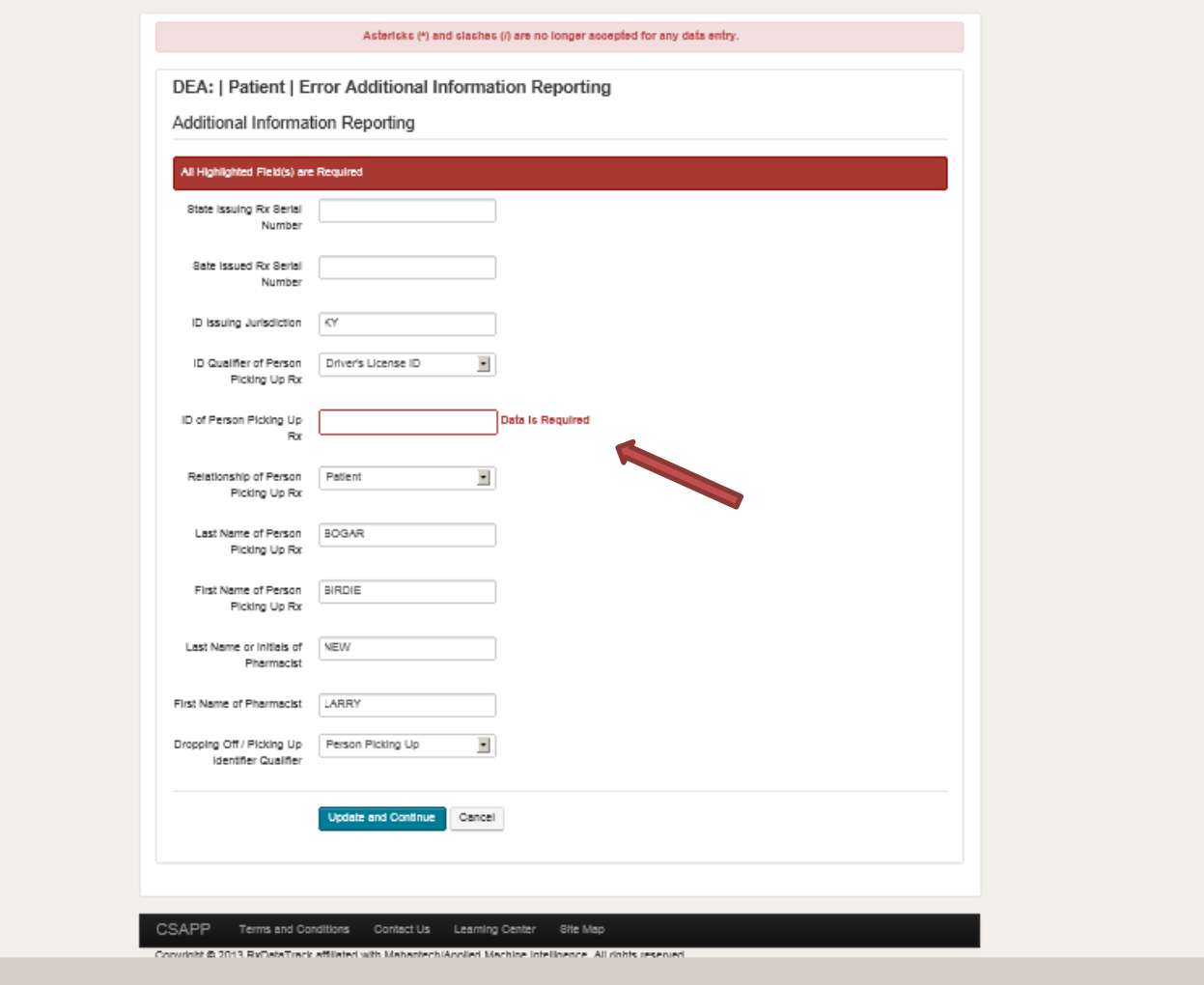
Once you select pharmacy DEA, it will display the file number associated by our system and the number of errors. In the case there are 12 records that need to be corrected. Click on Select.



Select Error Report to be corrected

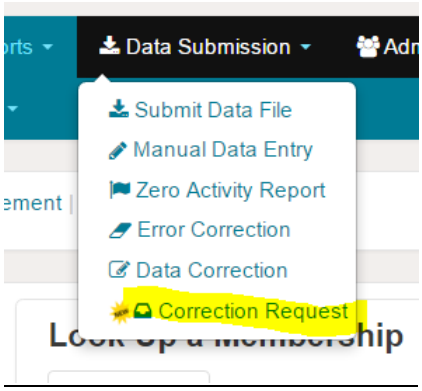


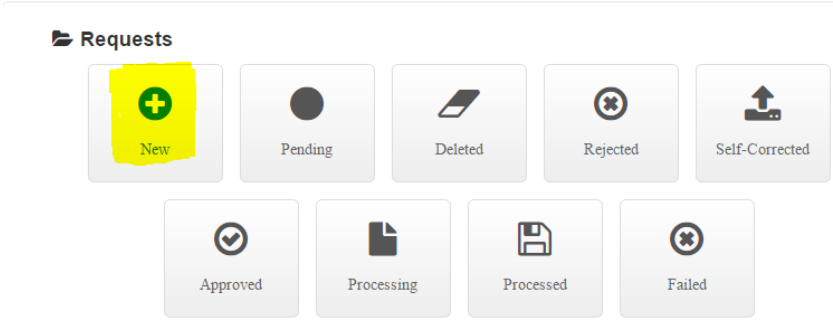
This will take you a screen indicating which data needs to be corrected. Enter the value, then click Update and Continue to go to the next error.

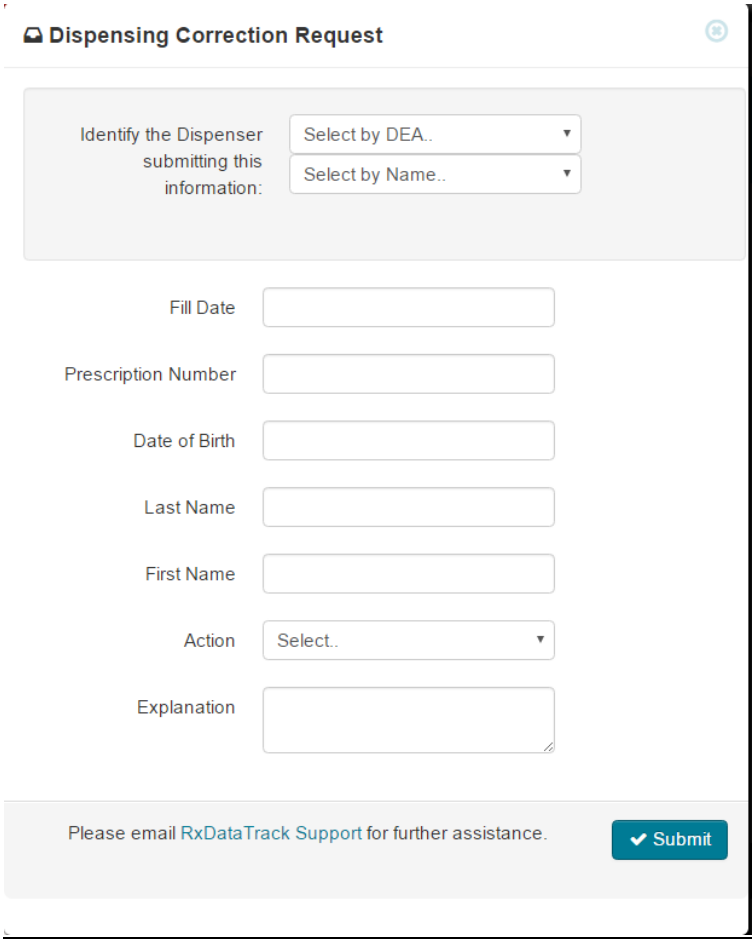


Correction Request at website

To void or modify an individual prescription, you can make a request by completing the online form at the website.




Requests
New
Pending
Deleted
Rejected
Self-Corrected
Approved
Processing
Processed
Failed
Requests


Dispensing Correction Request
Identify the Dispenser submitting this information:
Select by DEA..
Select by Name..
Fill Date
Prescription Number
Date of Birth
Last Name
First Name
Action
Select..
Explanation
Please email RxDataTrack Support for further assistance.
Submit

Appendix A

WEST VIRGINIA Prescription Monitoring Program

List of required fields

The information on the following pages contains the definitions for the specific contents required to upload records in the American Society for Automation in Pharmacy (ASAP) 4.2 format to comply with West Virginia PDMP requirements.

*Please Note: This is a character-delimited format. For details and examples please consult the ASAP Rules Based Standard Implementation Guide for Prescription Monitoring Programs, Version 4, Release 2. This document is available from American Society for Automation in Pharmacy (www.asapnet.org or phone 610-825-7783).

You may send data in any field listed below. However, do not use any additional fields.

Field Usage

- Required
- Not used
- Situational
- If available (supply wherever possible)

For details and examples please consult the ASAP Rules Based Standard Implementation Guide for Prescription Monitoring Programs Version 4, Release 2.
This document is available from American Society for Automation in Pharmacy. They may be contacted at www.asapnet.org or by phone at 610-825-7783.

PLEASE NOTE:

Asterisks (*) and slashes (/) are no longer accepted for any data entry
(* is the data filed separator and / is segment terminator).

The HEADER (TH, IS) is sent once for the entire file.
The TH header defines the terminator that will be used for each file segment. TH-09 defines the terminator and should be immediately followed by a terminator for the TH segment. (Example: // The first bang defines the terminator that will be used for the entire record followed by the second bang which is the terminator for the TH segment. Each subsequent segment will be terminated with a /).
IF multiple pharmacies are included in a single file, the PHA segment is repeated with all the DETAIL segments under it for each Pharmacy. The TP segment is inserted at the end of each pharmacy's report.
IF there are multiple patients within a single pharmacy's report, the PAT, DSP, PRE and AIR segments are repeated for each patient.
IF a patient has multiple prescriptions filled within the reporting period, the remaining fields within the DETAIL segment (e.g. DSP, PRE, and AIR) are repeated following the PAT segment. In other words, the prescription info can loop multiple times under the PAT segment. Please refer to the ASAP 4.2 (September 2011) manual for additional information.
WITHOUT EXCEPTION the PATIENT segment (PAT) must be populated with a person's information, not the animals. This can be either the animal's owner or the person picking up the script. The animals name should only appear in PAT23. Animals are not considered the Final User.

State of West Virginia Controlled Substance Reporting Format ASAP 4.2			
		No special characters in any field unless used as data element separator	**Release Date: JULY 1, 2017**
Segment	**Field ID**	**Field Name**	**Field Usage**
TH: Transaction Header Required segment: used to indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.			
	TH 01	**Version/Release Number**. Code uniquely identifying the transaction. Format = x.x 4.2 ASAP Version 4 Release 2	**REQUIRED**
	TH 02	**Transaction Control Number**. Sender assigned code uniquely identifying a transaction.	**REQUIRED**
	TH 03	**Transaction Type** Identifies the purpose of initiating the transaction. 01 **Send** / Request Transaction 02. **Acknowledge** (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 file that has been transmitted.	**REQUIRED**
	TH 04	**Response ID**. Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	**NOT USED**
	TH 05	**Creation Date**. Date the transaction was created. Format: CCYYMMDD	**REQUIRED**
	TH 06	**Creation Time**. Time the transaction was created. Format: HHMMSS	**REQUIRED**
	TH 07	**File Type**. P = Production T = Test	**REQUIRED**
	TH 08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state that the transactions should be routed to.	**NOT USED**

	TH 09	**Segment Terminator Character** This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	**REQUIRED**
IS: Information Source Required segment; used to convey the name and identification numbers of the entity supplying the information.			
	IS 01	**Unique Source ID** - Telephone number (including area code - no hyphens) of the file sender (e.g. individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This should be the number of a person/office to whom questions about this file should be referred.	**REQUIRED**
	IS 02	**Information Source Entity Name**. Name of the pharmacy or the entity submitting this file on behalf of the pharmacy	**REQUIRED**
	IS 03	**Message** Free form text message.	**SITUATIONAL**
PHA: Pharmacy Header Required segment; used to identify pharmacy.			
	PHA 01	**National Provider Identifier (NPI)**	**IF AVAILABLE**
	PHA 02	**NCPDP/NABP provider ID**	**IF AVAILABLE**
	PHA 03	**Dispensing Pharmacy DEA number**	**REQUIRED**
	PHA 04	**Dispensing Pharmacy Name** Free-form name of Pharmacy or Dispensing Physicians name.	**REQUIRED**
	PHA 05	**Pharmacy Address Line 1**	**REQUIRED**
	PHA 06	**Pharmacy Address Line 2,**	**SITUATIONAL**
	PHA 07	**City**	**REQUIRED**
	PHA 08	**State (USPS state code)**	**REQUIRED**
	PHA 09	**Zip Code**	**REQUIRED**
	PHA 10	**Pharmacy Telephone Number, incl. area code**	**IF AVAILABLE**
	PHA 11	**Contact Name**	**IF AVAILABLE**
	PHA 12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify specific pharmacy from which information is required.	**IF AVAILABLE**

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PAT: Patient Information Required segment; used to report patient's name and basic information as contained in pharmacy record.			
	PAT 01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT02/03 (i.e. US, State). **(Mail Order Providers Select "WV" as a default).**	**REQUIRED**
	PAT 02	**ID Qualifier** Code to identify the type of ID in PAT03. 01. Military 02. State Issued ID 03. Unique System ID **(Mail Order use 03)** 04. Permanent Resident Card (Green Card). 05. Passport 06. Driver's License 07. Social Security Number 08. Tribal ID 99. Other (agreed upon ID).	**REQUIRED**
	PAT 03	**ID of Patient** Identification number for patient as indicated in PAT02 (Example: Driver's License). **(Mail Order report using their own System Unique Patient ID).**	**REQUIRED**
	PAT 04	**ID Qualifier of Secondary Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT05 /06 (i.e. US, State).	**SITUATIONAL**
	PAT 05	**Additional Patient ID Qualifier (Situational)** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Drivers License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	**SITUATIONAL**
	PAT 06	**Additional ID (Situational)** Secondary 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.	**SITUATIONAL**
	PAT 07	**Last Name**	**REQUIRED**

	PAT 08	**First Name**	**REQUIRED**
	PAT 09	**Middle Name or Initial**	**SITUATIONAL**
	PAT 10	**Name Prefix (if field is available)**	**SITUATIONAL**
	PAT 11	**Last Name Suffix (e.g. Jr. or the III)**	**SITUATIONAL**
	PAT 12	**Address Information 1**	**REQUIRED**
	PAT 13	**Address Information 2**	**SITUATIONAL**
	PAT 14	**City**	**REQUIRED**
	PAT 15	**State (USPS state code)**	**REQUIRED**
	PAT 16	**Zip** Populate with zeros if patient address outside of U.S.	**REQUIRED**
	PAT 17	**Telephone Number** Including area code / no hyphens	**IF AVAILABLE**
	PAT 18	**Date of Birth** Format: YYYYMMDD	**REQUIRED**
	PAT 19	**Patient Gender** F Female M Male U Unknown	**REQUIRED**
	PAT 20	**Species Code** 01 Human 02 Veterinary Patient	**REQUIRED**
	PAT 21	**Patient Location Code** 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 11Hospice 98 Unknown 99 Other	**IF AVAILABLE**
	PAT 22	**Country of Non-US Resident**	**IF AVAILABLE**
	PAT 23	**Name of Animal (if available)**	**IF AVAILABLE**

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DSP: Dispensing Record Required segment; used to identify the basic components of a dispensing of a given prescription order including date and quantity.			
	DSP 01	**Reporting Status** DSP01 Requires one of the following codes: **00 NEW RECORD** (indicates a new prescription dispensing transaction). **01 REVISION** (indicates one or more data element values in a previous submission are being revised). **02 VOID** (message to PMP to remove original prescription transaction from its data, or mark record as invalid or to be ignored).	**REQUIRED**
	DSP 02	**Prescription Number** assigned by dispenser	**REQUIRED**
	DSP 03	**Date Prescription Written / Authorized**. YYYYMMDD	**REQUIRED**
	DSP 04	**Refills Authorized** Number of refills authorized.	**REQUIRED**
	DSP 05	**Date Prescription Filled** YYYYMMDD	**REQUIRED**
	DSP 06	**Refill Number** 00 indicates original dispensing. 01-99 is refill number.	**REQUIRED**
	DSP 07	**Product ID Qualifier** 01 NDC 06 Compound	**REQUIRED**
	DSP 08	**Product ID** Full product ID as indicated in DSP07 including zeros without punctuation (NDC number). If the product is a compound, use 9999999999 as the product code. The CDI then becomes a required segment. Then the correct NDC number(s) will be reported in CDI 03.	**REQUIRED**
	DSP 09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 **Note:** for compounds show the first quantity in CDI04	**REQUIRED**
	DSP 10	**Days' Supply** Estimated number of days the medication will cover.	**REQUIRED**
	DSP 11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. § 01 Each § 02 Milliliters (ml) § 03 Grams (gm)	**REQUIRED**

	DSP 12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. § 01 Written Prescription § 02 Telephone Prescription § 03 Telephone Emergency Prescription § 04 Fax Prescription § 05 Electronic Prescription § 99 Other	**IF AVAILABLE**
	DSP 13	**Partial Fill Indicator** Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. § 00 Not a Partial Fill § 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.	**REQUIRED**
	DSP 14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication	**IF AVAILABLE**
	DSP 15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the WV State Licensing Board.	**IF AVAILABLE**
	DSP 16	**Classification Code for Payment Type** Code identifying the type of payment, i.e. how it was paid for. **01** Private Pay / Cash (Excluding Co-Pay) **02** Medicaid **03** Medicare **04** Commercial Insurance 3rd Party Payer **05** Military Installations and VA **06** Workers' Compensation **07** Indian Nations **99** Other	**REQUIRED**
	DSP 17	**Date Sold /Dispensed** YYYYMMDD Date of prescription pick-up. ***Note: WV Code does not consider a prescription filled until actual pick up.***	**REQUIRED**
	DSP 18	**RxNorm Product Qualifier** § 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.	**NOT USED**

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	DSP 19	**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.	**NOT USED**
	DSP 20	**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.	**NOT USED**
	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.	**NOT USED**
PRE: Prescriber Information Required segment; used to identify the prescriber.			
	PRE 01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS. **If no DEA is submitted for PRE 02 then PRE 01 is REQUIRED.**	**SITUATIONAL**
	PRE 02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA). *EXCEPTION TO REQUIREMENT- If a drug of concern is prescribed by a prescriber without a DEA number then this is to be left **BLANK** and NPI number reported in PRE 01.	**REQUIRED***
	PRE 03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. **REQUIRED** when an institution number is assigned to the Prescriber.	**SITUATIONAL**
	PRE 04	**Prescriber State License Number** Identification assigned to the Prescriber by the State Licensing Board.	**IF AVAILABLE**
	PRE 05	**Prescriber Last Name**	**REQUIRED**
	PRE 06	**Prescriber First Name**	**REQUIRED**
	PRE 07	**Prescriber Middle Name or Initial**	**IF AVAILABLE**
	PRE 08	**Prescriber Phone Number**	**IF AVAILABLE**

CDI: Compound Drug Ingredient Detail **This segment is situational. However:** when reporting under **DSP07** and option 06 is selected, then the following fields become **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.			
	CDI 01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	**REQUIRED**
	CDI 02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. § 01 NDC	**REQUIRED**
	CDI 03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation (NDC number).	**REQUIRED**
	CDI 04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	**REQUIRED**
	CDI 05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. **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)	**REQUIRED**
AIR: Additional Information Reporting State of West Virginia code §60A-9-4. requires this information. Includes controlled substances plus other specified non-controlled per WV Rules. If patient picks up then populate with Patient information			
	AIR 01	**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.	**NOT USED**
	AIR 02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	**NOT USED**
	AIR 03	**ID Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR05. (Example: US or the State) **(Mail Order report "WV")**	**REQUIRED**

	AIR 04	**ID Qualifier of Person Picking Up Rx** Used to identify the type of ID contained in AIR05 for person picking up the prescription. **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) **(Mail Order use 99)**	**REQUIRED**
	AIR 05	**ID of Person Picking Up Rx.** ID number of patient or person picking up the prescription. **(Mail Order report the word MAILORDER)**	**REQUIRED**
	AIR 06	**Relationship of Person Picking Up Rx** Code indicating the relationship of the person. **01** Patient **02** Parent/Legal Guardian **03** Spouse **04** Caregiver **99** Other **(Mail Order use 99)**	**REQUIRED**
	AIR 07	**Last Name of Person Picking Up Rx** Last name of person picking up the prescription. **(Mail Order report the word HOMEDELIVERY)**	**REQUIRED**
	AIR 08	**First Name of Person Picking Up Rx** First name of person picking up the prescription. **(Mail Order report the word HOMEDELIVERY)**	**REQUIRED**
	AIR 09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	**IF AVAILABLE**
	AIR 10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	**IF AVAILABLE**
	AIR 11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 **01** Person Dropping Off (Not used in WV) **02 Person Picking Up** **98** Unknown/Not Applicable **West Virginia code requires 02 (Person picking up).** **(Mail Order use 98)**	**REQUIRED**

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.			
	TP 01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	**REQUIRED**
Transaction Set 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.			
	TT 01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	**REQUIRED**
	TT 02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	**REQUIRED**

For details and examples please consult the
ASAP Rules Based Standard Implementation Guide
or Prescription Monitoring Programs Version 4, Release 2.,
This document is available from American Society for Automation in Pharmacy
www.asapnet.org or phone 610-825-7783.

APPENDIX C
ERROR FORMAT

If TH or IS information is missing in the file (~ will be used as TH09 -> Segment Terminating Character)

```
TH***03******~~
IS~
PHA~
ACK01*R*69*TH information is MISSING~
TP*3~
TT**6~
```

1. If invalid information in TH information in the file

Condition	Return Value in TH	Return Value in ACK
TH01 <> 4.2	TH*4.0*20120101*03**20121213*0141*T**~~	ACK01*R*69*Invalid File Version~
TH02 = Blank	TH*4.2*__*03**20121213*0141*T**~~	ACK01*R*69*Transaction Control Number Required~
TH03 <> 1	TH*4.2*20120101*03**20121213*0141*T**~~	ACK01*R*69*TH03 should be 01~
TH05 is NOT VALID	TH*4.2*20120101*03**20121413*0141*T**~~	ACK01*R*69*Invalid Creation Date ~
TH06 is NOT VALID	TH*4.2*20120101*03**20121213*3641*T**~~	ACK01*R*69*Invalid Creation Time ~
TH07 <> P or T	TH*4.2*20120101*03**20121213*0141*M**~~	ACK01*R*69*File Type should be P or T~
TH09 = Blank	TH*4.2*20120101*03**20121213*0141*T**~	ACK01*R*69*Segment Terminator Character Required~

```
TH*4.0*20120101*03**20121213*0141*T**~~
IS*JAYSMITH*SPARKLING SOFTWARE INC*~
PHA***AC0904647*Anytown Urgent Care Center*1709 Smith Road**Anytown*WV*25801*3045553027**~
ACK01*R*69*Invalid File Version~
TP*3~
TT*20120101*6~
```

2. Data Error in Data File

```
TH*4.2*20120101*02**20121213*0141*T**\\

IS*JAYSMITH*SPARKLING SOFTWARE INC*\

PHA*** AD0905550*Anytown Urgent Care Center*1709 Smith Road**Anytown*WV*25801*3045553027**\

ACK01*R*3*Patient ID Missing | PAT*99*03*__****WALES*SHERRY****150 SUMMER LANE APT 12
Z**ANYTOWN*WV*25801**19630331*F*****\

ACK02*R*26*Date Written Date is Invalid |
DSP*00*2212077*20150730*00*20120803*00*01*00555097202*00060*030*01**00***03****** \

ACK03*R*46*Prescriber DEA Number is Invalid | PRE**109058024***SMYTH*BRYAN*** \

TP*5\

PHA***AD0905550*Anytown Urgent Care Center1*1796 Grand Road East**Anytown*WV*26701*3045553027**\

ACK01*A\

TP*3\

TT*20120101*10\
```

APPENDIX D

Zero Report Electronic Transaction

Example shown here assumes that all segments are required by the prescription monitoring program. Other versions of the standard would follow this pattern.
For the detail segments, while all the segments and data elements within that are required by a state would be sent, only the Patient First Name, Last Name, and Date Filled fields would be populated. The values populating these fields would be First Name = Zero, Last Name = Report, and Date Filled = Date that the report is being sent.
Note:
IS03 **must** be used to report the date range for Zero Reports using the following format:
#CCYYMMDD#-#CCYYMMDD#
TH Transaction Header Segment *(ALL Required Information in TH)*
TH *
TH01 4.2*
TH02 857463*
TH03 01*
TH04 *
TH05 20110930*
TH06 104530*
TH07 P*
TH08 *
TH09 ~~
IS Information Source Segment *(ALL Required Information in IS)*
IS *
IS01 7564*
IS02 Acme Pharmacy*
IS03 #20110924#-#20110930#~
PHA Pharmacy Header Segment *(ALL Required Information in PHA)*
PHA *
PHA01 *
PHA02 *
PHA03 DE1234567*
PHA04 Pharmacy Name*
PHA05 Address 1*
PHA06 *
PHA07 City*
PHA08 State*
PHA09 25075*~
PAT Patient Header Segment (*Required Sections Marked in RED*)
PAT *
PAT01 *
PAT02 *
PAT03 *
PAT04 *
PAT05 *
PAT06 *
PAT07 Report* (Instead of last name)
PAT08 Zero* (Instead of first name)
PAT09 *
PAT10 *
PAT11 *
PAT12 *
PAT13 *
PAT14 *

PAT15 *
PAT16 *
PAT17 *
PAT18 *
PAT19 *
PAT20 *~

DSP Dispensing Record Segment (*Required Sections Marked in RED*)

DSP *
DSP01 *
DSP02 *
DSP03 *
DSP04 *
DSP05 20130228* (Not later than date of report)
DSP06 *
DSP07 *
DSP08 *
DSP09 *
DSP10 *
DSP11 *
DSP12 *
DSP13 *
DSP14 *
DSP15 *
DSP16 *
DSP17 *~

PRE Prescriber Segment

PRE*~

CDI Compound Drug Ingredient Detail Segment

CDI*~

AIR Additional Information Reporting Segment

AIR*~

TP Pharmacy Trailer Segment (*Required Sections Marked in RED*)

TP*
TP01 7~

TT Transaction Trailer Segment (*Required Sections Marked in RED*)

TT*
TT01 857463*
TT02 10~