INDIANA
PRESCRIPTION MONITORING PROGRAM

ASAP 4.0/2007 Required Data Elements
Effective October 2010

INSPECT
402 W. Washington St. Room W072
Indianapolis, IN 46204

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

Summary of ASAP 2007 Data Elements Required by State of Indiana

Bold = Mandatory Field

Normal = Optional Field

Ref. Code	Data Element Name	Format/Values	Attributes*	
		TH TRANSACTION HEADER		
TH01	**Version/Release Number**	**4.0 ASAP Version 4 Release 0**	**AN**	**4**
TH02	**Transaction Control Number**		**AN**	**10**
TH03	Transaction Type	01	N	2
TH05	**Created Date**	**CCYYMMDD**	**DT**	**8**
TH06	**Creation Time**	**HHMM**	**TM**	**6**
TH07	**File Type**	**"P" Production or "T" Test**	**AN**	**1**
TH08	**Composite Element Separator**	**Composite Element Separator**	**AN**	**1**
TH09	**Data Segment Terminator**	**Data Segment Terminator Character**	**AN**	**1**
		IS INFORMATION SOURCE		
IS01	**Unique Information Source**		**AN**	**10**
IS02	**Information Source Entity Name**		**AN**	**60**
		PHA PHARMACY HEADER		
PHA02	**NCPDP/NABP Number ID**		**AN**	**10**
		PAT PATIENT INFORMATION		
PAT02	**ID Qualifier**	**"01 Military ID or** **"02" State Issued ID or** **"03" Unique System ID or** **"05" Passport ID or** **"06" Driver's License ID or** **"07" Social Security Number or** **"99" Other**	**N**	**2**
PAT03	**ID of Patient**		**AN**	**20**
PAT07	**Last Name**		**AN**	**50**
PAT08	**First Name**		**AN**	**50**
PAT09	Middle Name		AN	30
PAT12	**Address Information – 1**		**AN**	**30**
PAT14	**City Address**		**AN**	**20**
PAT15	**State Address**		**AN**	**10**
PAT16	**ZIP Code Address**	**"00000" for Non-US**	**AN**	**9**
PAT18	**Date of Birth**	**CCYYMMDD**	**DT**	**8**
PAT19	**Gender Code**	**"F" Female or** **"M" Male or** **"U" Unknown**	**AN**	**1**
PAT20	Species Code	"01" Human or "02" Veterinary Patient	N	2
		DSP DISPENSING RECORD		
DSP01	**Reporting Status**	**"01" Change or** **"02" Cancel or** **"03" Purged** **(blank means new)**	**N**	**2**
DSP02	**Prescription Number**		**AN**	**25**
DSP03	**Date Written**	**CCYYMMDD**	**DT**	**8**

Ref. Code	Data Element Name	Format/Values	Attributes*	
DSP04	**Refills Authorized**		**N**	**2**
DSP05	**Date Filled**	**CCYYMMDD**	**DT**	**8**
DSP06	**Refill Number**	**"0" New Rx or** **"01"-"99" the refill number**	**N**	**2**
DSP07	**Product ID Qualifier**	**"01" NDC or** **"02" UPC or** **"03" HRI or** **"04" UPN or** **"05" DIN or** **"06" CPD (used for a compound)**	**N**	**2**
DSP08	**Product ID**	**Product ID as indicated in DSP07 or** **"99999999999" for compound**	**AN**	**15**
DSP09	**Quantity Dispensed**		**D**	**11**
DSP10	**Days Supply**		**N**	**3**
DSP11	**Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	**N**	**2**
DSP12	Transmission Form of RX Origin	"01" Written Prescription or "02" Telephone Prescription or "03" Telephone Emergency Prescription or "04" Fax Prescription or "05" Electronic Prescription or "99" Other	N	2
DSP16	**Classification Code for Payment Type**	**"01" Private Pay (Cash, Charge, Credit Card) or** **"02" Medicaid or** **"03" Medicare or** **"04" Commercial Insurance or** **"05" Military Installations and VA or** **"06" Workers' Compensation or** **"07" Indian Nations or** **"99" Other**	**N**	**2**
PRE PRESCRIBER INFORMATION				
PRE02	**DEA Number**		**AN**	**10**
CDI COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")				
CDI01	**Compound Drug Ingredient Number**		**N**	**2**
CDI02	**Product ID Qualifier**	**"01" NDC or** **"02" UPC or** **"03" HRI or** **"04" UPN or** **"05" DIN**	**N**	**2**
CDI03	**Product ID**	**Product ID as indicated in CDI02**	**AN**	**15**
CDI04	**Compound Ingredient Quantity**		**D**	**11**
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm	N	2
TP PHARMACY TRAILER				
TP01	**Detail Segment Count**		**N**	**10**
TT TRANSACTION TRAILER				
TT01	**Transaction Control Number**		**AN**	**10**
TT02	**Segment Count**		**N**	**10**

* AN-Alphanumeric, N-Numeric, D-Decimal, DT-Date, TM-Time

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

All ASAP 2007 Fields

Bold = Mandatory Field
Normal = Optional Field

Ref. Code	Data Element Name	Format/Values	Attributes*		
HEADER SEGMENT					
TH TRANSACTION HEADER					
TH01	**Version/Release Number**	**4.0 ASAP Version 4 Release 0**	✓	**AN**	**4**
TH02	**Transaction Control Number**		✓	**AN**	**10**
TH03	Transaction Type	01		N	2
TH04	Response ID			AN	10
TH05	**Created Date**	**CCYYMMDD**	✓	**DT**	**8**
TH06	**Creation Time**	**HHMM**	✓	**TM**	**6**
TH07	**File Type**	**"P" Production or "T" Test**	✓	**AN**	**1**
TH08	**Composite Element Separator**	**Composite Element Separator**		**AN**	**1**
TH09	**Data Segment Terminator**	**Data Segment Terminator Character**	✓	**AN**	**1**
IS INFORMATION SOURCE					
IS01	**Unique Information Source**		✓	**AN**	**10**
IS02	**Information Source Entity Name**		✓	**AN**	**60**
IS03	Message			AN	60
PHA DISPENSING PHARMACY					
PHA01	National Provider Identifier (NPI)			AN	10
PHA02	**NCPDP/NABP Number ID**		✓	**AN**	**10**
PHA03	DEA Number			AN	10
PHA04	Pharmacy Name			AN	60
PHA05	Address Information – 1			AN	30
PHA05	Address Information – 2			AN	30
PHA07	City			AN	25
PHA08	State			AN	2
PHA09	ZIP Code			AN	9
PHA10	Phone Number			AN	10
PHA11	Contact name			AN	30
PHA12	Chain Site ID			AN	10
DETAIL SEGMENT					
PAT PATIENT					
PAT01	ID Qualifier of Patient Identifier			AN	2
PAT02	**ID Qualifier**	**"01 Military ID or** **"02" State Issued ID or** **"03" Unique System ID or** **"05" Passport ID or** **"06" Driver's License ID or** **"07" Social Security Number or** **"99" Other**	✓	N	2
PAT03	**ID of Patient**		✓	AN	20

Ref. Code	Data Element Name	Format/Values	Attributes*		
PAT04	ID Qualifier of Additional Patient Identifier			AN	3
PAT05	Additional Patient ID Qualifier			N	2
PAT06	Additional ID			AN	20
PAT07	**Last Name**		✓	AN	50
PAT08	**First Name**		✓	AN	50
PAT09	Middle Name		✓	AN	30
PAT10	Name Prefix			AN	10
PAT11	Name Suffix			AN	10
PAT12	**Address Information – 1**		✓	AN	30
PAT13	Address Information – 2			AN	30
PAT14	**City Address**		✓	AN	20
PAT15	**State Address**		✓	AN	10
PAT16	**ZIP Code Address**	**“00000” Non-US**	✓	AN	9
PAT17	Phone Number			AN	10
PAT18	**Date of Birth**	**CCYYMMDD**	✓	DT	8
PAT19	**Gender Code**	**"F" Female or "M" Male or "U" Unknown**	✓	AN	1
PAT20	Species Code	“01” Human or “02” Veterinary Patient	✓	N	2
PAT21	Patient Location Code			N	2
DSP DISPENSING RECORD					
DSP01	**Reporting Status**	**“01” Change or “02” Cancel or “03” Purged (blank means new)**	✓	**N**	**2**
DSP02	**Prescription Number**		✓	**AN**	**25**
DSP03	**Date Written**	**CCYYMMDD**	✓	**DT**	**8**
DSP04	**Refills Authorized**		✓	**N**	**2**
DSP05	**Date Filled**	**CCYYMMDD**	✓	**DT**	**8**
DSP06	**Refill Number**	**“0” New Rx or “01”-“99” the refill number**	✓	**N**	**2**
DSP07	**Product ID Qualifier**	**"01" NDC or "02" UPC or "03" HRI or "04" UPN or "05" DIN or "06" CPD (used for a compound)**	✓	**N**	**2**
DSP08	**Product ID**	**Product ID as indicated in DSP07 or “99999999999” for compound**	✓	**AN**	**15**
DSP09	**Quantity Dispensed**		✓	**D**	**11**
DSP10	**Days Supply**		✓	**N**	**3**
DSP11	**Drug Dosage Units Code**	**“01” # of units or “02” ml or “03” gm**	✓	**N**	**2**
DSP12	Transmission Form of Rx Origin Code	“01” Written Prescription or “02” Telephone Prescription or “03” Telephone Emergency Prescription or “04” Fax Prescription or “05” Electronic Prescription or	✓	N	2

Ref. Code	Data Element Name	Format/Values	Attributes*		
		"99" Other			
DSP13	Partial Fill Indicator			N	2
DSP14	Pharmacist National Provider ID (NPI)			AN	10
DSP15	Pharmacist State License Number			AN	10
DSP16	**Classification Code for Payment Type**	**"01" Private Pay (Cash, Charge, Credit Card) or "02" Medicaid or "03" Medicare or "04" Commercial Insurance or "05" Military Installations and VA or "06" Workers' Compensation or "07" Indian Nations or "99" Other**	✓	**N**	**2**
PRE PRESCRIBER INFORMATION					
PRE01	National Provider Identifier (NPI)			AN	10
PRE02	**DEA Number**		✓	**AN**	**10**
PRE03	DEA Number Suffix			AN	7
PRE04	Prescriber State License Number			AN	10
PRE05	Last Name			AN	50
PRE06	First Name			AN	50
PRE07	Middle Name			AN	30
CDI COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")					
CDI01	**Compound Drug Ingredient Number**		✓	**N**	**2**
CDI02	**Product ID Qualifier**	**"01" NDC or "02" UPC or "03" HRI or "04" UPN or "05" DIN or**	✓	**N**	**2**
CDI03	**Product ID**	**Product ID as indicated in CDI02**	✓	**AN**	**15**
CDI04	**Compound Ingredient Quantity**		✓	**D**	**11**
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm		N	2
AIR ADDITIONAL INFORMATION REPORTING					
AIR01	State Issuing Rx Serial Number			AN	2
AIR02	State Issued Rx Serial Number			AN	20
AIR03	Issuing Jurisdiction			AN	3
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx			N	2
AIR05	ID of Person Dropping Off or Picking Up Rx			AN	20
AIR06	Relationship of Person Dropping Off or Picking Up Rx			N	2
AIR07	Last Name of Person Dropping Off or Picking Up Rx			AN	50
AIR08	First Name of Person Dropping Off or Picking Up Rx			AN	50
AIR09	Last Name or Initials of Pharmacist			AN	50

Ref. Code	Data Element Name	Format/Values	Attributes*		
AIR10	First Name of Pharmacist			AN	50
SUMMARY SEGMENT					
TP PHARMACY TRAILER					
TP01	**Detail Segment Count**		✓	**N**	**10**
TT TRANSACTION SET TRAILER					
TT01	**Transaction Control Number**		✓	**AN**	**10**
TT02	**Segment Count**		✓	**N**	**10**

* AN-Alphanumeric, N-Numeric, D-Decimal, DT-Date, TM-Time

✓ **ASAP 2007 Required Data Elements by INSPECT**

Sample Transaction

TH*4.0*123456*01**20100831*1745*P*:\IS*3456*PharmacyName\PHA**2334567890\PAT**02*89765****LastName1*FirstName1*Middlename1***Address**City*IN*00000**19801012*M*01\DSP**57866707401*20100812*0*20100812*01*01*34344567891*3.5*10*02*04****05\PRE**AE45567890\DSP**57866707402*20100812*0*20100812*01*06*34344567891*3.5*10*02*04****05\PRE**AE45567890\PAT**02*89765****LastName2*FirstName2*Middlename2***Address**City*IN*00000**20001212*M*01\DSP*01*57866707401*20100812*0*20100812*01*01*34344567891*3.5*10*02*04****05\PRE**AW8765432\PAT**02*989765****LastName3*FirstName3*Middlename3***Address**City*IN*00000**19751010*M*01\DSP**67869*20100812*0*20100812*01*06*99999999999*3.5*10*02*04****05\PRE**AB8765432\CDI*1*01*59866707401*3.5*02\PAT**02*88765****LasttName4*FirstName4*Middlename4***Address**City*IN*00000**19801010*M*01\DSP**98877*20100812*0*20100812*01*06*99999999999*3.5*10*02*04****05\PRE**AC8765432\CDI*1*01*57866707402*3.5*02\CDI*2*01*59866707402*3.5*02\PAT**02*879765****LastName5*FirstName5*Middlename5***Address**City*IN*00000**19801212*M*01\DSP**79709*20100812*0*20100812*01*01*34344567891*3.5*10*02*04****05\PRE**AD8765432\TP*22\TT*123456*25\

Decoded Segment Details

Segment Data → TH*4.0*123456*01**20100831*1745*P*:\

Data Element	ASAP 2007 Element	Description	Data
TH*	**Segment ID**	**Transaction Header**	
4.0*	**TH01**	**Version/Release Number**	**4.0**
123456*	**TH02**	**Transaction Control Number**	
01*	TH03	Transaction Type	01
*****	TH04	Not Used	
20100831*	**TH05**	**Created Date**(CCYYMMDD)	**20100831**
1745*	**TH06**	**Creation Time**(HHMM)	**1745**
P*	**TH07**	**File Type (P→Production)**	**P**
:	**TH08**	**Composite Element Separator**	**:**
\	**TH09**	**Data Segment Terminator**	\

Segment Data → IS*3456*PharmacyName\

Data Element	ASAP 2007 Element	Description/Comments	Data
IS*	**Segment ID**		
3456*	**IS01**	**Unique Information Source**	**3456**
PharmacyName	**IS02**	**Information Source Entity Name**	**PharmacyName**

Segment Data → PHA**2334567890\

Data Element	ASAP 2007 Element	Description/Comments	Data
PHA*	**Segment ID**		
*	PHA01	Not Used	
2334567890	**PHA02**	**NCPDP/NABP Number ID**	2334567890

Segment Data →
PAT**02*89765****LastName1*FirstName1*Middlename1***Address**City*IN*00000**19801012*M*01\

Data Element	ASAP 2007 Element	Description/Comments	Data
PAT*	**Segment ID**		
*	PAT01	Not Used	
02*	**PAT02**	**ID Qualifier**	**02→State ID**
89765*	**PAT03**	**ID of Patient**	**89765**
*	PAT04	Not Used	
*	PAT05	Not Used	
*	PAT06	Not Used	
LastName1*	**PAT07**	**Last Name**	**LastName1**
FirstName1*	**PAT08**	**First Name**	**FirstName1**
Middlename1*	PAT09	Middle Name	
*	PAT10	Not Used	
*	PAT11	Not Used	
Address*	**PAT12**	**Address Information – 1**	**Address**
*	PAT13	Not Used	
City*	**PAT14**	**City Address**	**City**
IN*	**PAT15**	**State Address**	**IN**
00000*	**PAT16**	**ZIP Code Address**	**00000**
*	PAT17	Not Used	
19801012*	**PAT18**	**Date of Birth**(CCYYMMDD)	**10/12/1980**
M*	**PAT19**	**Gender Code**	**M → Male**
01\	PAT20	Species Code	01→Human

Segment Data → DSP**57866707401*20100812*0*20100812*01*01*34344567891*3.5*10*02*04****05\

Data Element	ASAP 2007 Element	Description/Comments	Data
DSP*	**Segment ID**		
*	DSP01	Reporting Status	
57866707401*	**DSP02**	**Prescription Number**	**57866707401**
20100812*	**DSP03**	**Date Written**(CCYYMMDD)	**08/12/2010**
0*	**DSP04**	**Refills Authorized**	**0**
20100812*	**DSP05**	**Date Filled**	**08/12/2010**
01*	**DSP06**	**Refill Number**	**01**
01*	**DSP07**	**Product ID Qualifier**	**01 →NDC Num**
34344567891*	**DSP08**	**Product ID**	**34344567891**
3.5*	**DSP09**	**Quantity Dispensed**	**3.5**
10*	**DSP10**	**Days Supply**	**10**
02*	**DSP11**	**Drug Dosage Units Code**	**02→ml**
04*	DSP12	Transmission Form of RX Origin	04→Fax Prescription
*	DSP13	Not Used	
*	DSP14	Not Used	
*	DSP15	Not Used	
05	**DSP16**	**Classification Code for Payment Type**	**05→Military Insurance**

Segment Data → PRE**AE45567890\

Data Element	ASAP 2007 Element	Description/Comments	Data
PRE*	**Segment ID**		
*	PRE01	National Provider Identifier (NPI)	
AE45567890	**PRE02**	**DEA Number**	**AE45567890**

Segment Data → DSP**57866707402*20100812*0*20100812*01*06*34344567891*3.5*10*02*04****05\

Data Element	ASAP 2007 Element	Description/Comments	Data
DSP*	**Segment ID**		
*****	DSP01	Reporting Status	
57866707402*	**DSP02**	**Prescription Number**	**57866707402**
20100812*	**DSP03**	**Date Written**(CCYYMMDD)	**08/12/2010**
0*	**DSP04**	**Refills Authorized**	**0**
20100812*	**DSP05**	**Date Filled**	**08/12/2010**
01*	**DSP06**	**Refill Number**	**01**
01*	**DSP07**	**Product ID Qualifier**	**01→ NDC Num**
34344567891*	**DSP08**	**Product ID**	**34344567891**
3.5*	**DSP09**	**Quantity Dispensed**	**3.5**
10*	**DSP10**	**Days Supply**	**10**
02*	**DSP11**	**Drug Dosage Units Code**	**02→ ml**
04*	DSP12	Transmission Form of RX Origin	04→Fax Prescription
*****	DSP13	Not Used	
*****	DSP14	Not Used	
*****	DSP15	Not Used	
05	**DSP16**	**Classification Code for Payment Type**	**05→Military**

Segment Data → PRE**AE45567890\

Data Element	ASAP 2007 Element	Description/Comments	Data
PRE*	**Segment ID**		
*****	PRE01	National Provider Identifier (NPI)	
AE45567890	**PRE02**	**DEA Number**	**AE45567890**

Segment Data →
PAT**02*89765****LastName2*FirstName2*Middlename2***Address**City*IN*00000**20001212*M*01\

Data Element	ASAP 2007 Element	Description/Comments	Data
PAT*	**Segment ID**		
*	PAT01	Not Used	
02*	**PAT02**	**ID Qualifier**	**02→ State ID**
89765*	**PAT03**	**ID of Patient**	**89765**
*	PAT04	Not Used	
*	PAT05	Not Used	
*	PAT06	Not Used	
LastName2*	**PAT07**	**Last Name**	**LastName2**
FirstName2*	**PAT08**	**First Name**	**FirstName2**
Middlename2*	PAT09	Middle Name	Middlename2
*	PAT10	Not Used	
*	PAT11	Not Used	
Address*	**PAT12**	**Address Information – 1**	**Address**
*	PAT13	Not Used	
City*	**PAT14**	**City Address**	**City**
IN*	**PAT15**	**State Address**	**IN**
00000*	**PAT16**	**ZIP Code Address**	**00000**
*	PAT17	Not Used	
20001212*	**PAT18**	**Date of Birth**(CCYYMMDD)	**12/12/2000**
M*	**PAT19**	**Gender Code**	**M→ Male**
01\	PAT20	Species Code	01→Human

Segment Data → DSP*01*57866707401*20100812*0*20100812*01*01*34344567891*3.5*10*02*04****05\

Data Element	ASAP 2007 Element	Description/Comments	Data
DSP*	**Segment ID**		
01*	**DSP01**	**Reporting Status**	**01→Change**
57866707401*	**DSP02**	**Prescription Number**	**57866707401**
20100812*	**DSP03**	**Date Written**(CCYYMMDD)	**08/12/2010**
0*	**DSP04**	**Refills Authorized**	**0**
20100812*	**DSP05**	**Date Filled**	**08/12/2010**
01*	**DSP06**	**Refill Number**	**01**
06*	**DSP07**	**Product ID Qualifier**	**01→NDC Num**
34344567891*	**DSP08**	**Product ID**	**34344567891**
3.5*	**DSP09**	**Quantity Dispensed**	**3.5**
10*	**DSP10**	**Days Supply**	**10**
02*	**DSP11**	**Drug Dosage Units Code**	**02→ml**
04*	DSP12	Transmission Form of RX Origin	04→Fax Prescription
*	DSP13	Not Used	
*	DSP14	Not Used	
*	DSP15	Pharmacist State License Number	
05	**DSP16**	**Classification Code for Payment Type**	**05→Military**

Segment Data → PRE**AW8765432\

Data Element	ASAP 2007 Element	Description/Comments	Data
PRE*			
*	PRE01	National Provider Identifier (NPI)	
AW8765432	**PRE02**	**DEA Number**	**AW8765432**

Segment Data →
PAT**02*989765****LastName3*FirstName3*Middlename3***Address**City*IN*00000**19751010*M*01\

Data Element	ASAP 2007 Element	Description/Comments	Data
PAT*	**Segment ID**		
*	PAT01	Not Used	
02*	**PAT02**	**ID Qualifier**	**02→State ID**
989765*	**PAT03**	**ID of Patient**	**989765**
*	PAT04	Not Used	
*	PAT05	Not Used	
*	PAT06	Not Used	
LastName3*	**PAT07**	**Last Name**	**LastName3**
FirstName3*	**PAT08**	**First Name**	**FirstName3**
Middlename3*	PAT09	Middle Name	Middlename3
*	PAT10	Not Used	
*	PAT11	Not Used	
Address*	**PAT12**	**Address Information – 1**	**Address**
*	PAT13	Not Used	
City*	**PAT14**	**City Address**	**City**
IN*	**PAT15**	**State Address**	**IN**
00000*	**PAT16**	**ZIP Code Address**	**00000**
*	PAT17	Not Used	
19751010*	**PAT18**	**Date of Birth**(CCYYMMDD)	**10/10/1975**
M*	**PAT19**	**Gender Code**	**M→Male**
01\	PAT20	Species Code	01→Human

Segment Data → DSP**67869*20100812*0*20100812*01*06*99999999999*3.5*10*02*04****05\

Data Element	ASAP 2007 Element	Description/Comments	Data
DSP*	**Segment ID**		
*	DSP01	Reporting Status	
67869*	**DSP02**	**Prescription Number**	
20100812*	**DSP03**	**Date Written**(CCYYMMDD)	**08/12/2010**
0*	**DSP04**	**Refills Authorized**	**0**
20100812*	**DSP05**	**Date Filled**	**08/12/2010**
01*	**DSP06**	**Refill Number**	**01**
06*	**DSP07**	**Product ID Qualifier**	**06→CPD**
99999999999*	**DSP08**	**Product ID**	**99999999999=>CDI**
3.5*	**DSP09**	**Quantity Dispensed**	**3.5**
10*	**DSP10**	**Days Supply**	**10**
02*	**DSP11**	**Drug Dosage Units Code**	**02→ml**
04*	DSP12	Transmission Form of RX Origin	04→Fax Prescription
*	DSP13	Not Used	
*	DSP14	Not Used	
*	DSP15	Pharmacist State License Number	
05\	DSP16	Classification Code for Payment Type	05→Military

Segment Data → PRE**AB8765432\

Data Element	ASAP 2007 Element	Description/Comments	Data
PRE*	**Segment ID**		
*	PRE01	National Provider Identifier (NPI)	
AB8765432	**PRE02**	**DEA Number**	AB8765432

Segment Data → CDI*1*01*59866707401*3.5*02\

Data Element	ASAP 2007 Element	Description/Comments	Data
CDI*	**Segment ID**		
1*	**CDI01**	**Compound Drug Ingredient Number**	1
01*	**CDI02**	**Product ID Qualifier**	**01→NDC Num**
59866707401*	**CDI03**	**Product ID**	**59866707401**
3.5*	**CDI04**	**Compound Ingredient Quantity**	**3.5**
02\	CDI05	Compound Drug Dosage Units Code	02→ ml

Segment Data →
PAT**02*88765****LasttName4*FirstName4*Middlename4***Address**City*IN*00000**19801010*M*01\

Data Element	ASAP 2007 Element	Description/Comments	Data
PAT*	**Segment ID**		
*	PAT01	Not Used	
02*	**PAT02**	**ID Qualifier**	**02→State ID**
88765*	**PAT03**	**ID of Patient**	**88765**
*	PAT04	Not Used	
*	PAT05	Not Used	
*	PAT06	Not Used	
LasttName4*	**PAT07**	**Last Name**	**LasttName4**
FirstName4*	**PAT08**	**First Name**	**FirstName4**
Middlename4*	PAT09	Middle Name	Middlename4
*	PAT10	Not Used	
*	PAT11	Not Used	
Address*	**PAT12**	**Address Information – 1**	**Address**
*	PAT13	Not Used	
City*	**PAT14**	**City Address**	**City**
IN*	**PAT15**	**State Address**	**IN**
00000*	**PAT16**	**ZIP Code Address**	**00000**
*	PAT17	Not Used	
19801010*	**PAT18**	**Date of Birth**(CCYYMMDD)	10/10/1980
M*	**PAT19**	**Gender Code**	**M→Male**
01\	PAT20	Species Code	01→Human

Segment Data → DSP**98877*20100812*0*20100812*01*06*99999999999*3.5*10*02*04****05\

Data Element	ASAP 2007 Element	Description/Comments	Data
DSP*	**Segment ID**		
*	DSP01	Reporting Status	
98877*	**DSP02**	**Prescription Number**	**98877**
20100812*	**DSP03**	**Date Written**(CCYYMMDD)	**08/12/2010**
0*	**DSP04**	**Refills Authorized**	**0**
20100812*	**DSP05**	**Date Filled**	**08/12/2010**
01*	**DSP06**	**Refill Number**	**01**
06*	**DSP07**	**Product ID Qualifier**	**06→CPD**
34344567891*	**DSP08**	**Product ID**	**99999999999**
3.5*	**DSP09**	**Quantity Dispensed**	**3.5**
10*	**DSP10**	**Days Supply**	**10**
02*	**DSP11**	**Drug Dosage Units Code**	**02→ml**
04*	DSP12	Transmission Form of RX Origin	04→Fax Prescription
*	DSP13	Not Used	
*	DSP14	Not Used	
*	DSP15	Pharmacist State License Number	
05\	DSP16	Classification Code for Payment Type	05→Military

Segment Data → PRE**AC8765432\

Data Element	ASAP 2007 Element	Description/Comments	Data
PRE*			
*	PRE01	Not Used	
AC8765432	**PRE02**	**DEA Number**	**AC8765432**

Segment Data → CDI*1*01*57866707402*3.5*02\

Data Element	ASAP 2007 Element	Description/Comments	Data
CDI*	**Segment ID**		
1*	**CDI01**	**Compound Drug Ingredient Number**	1
01*	**CDI02**	**Product ID Qualifier**	**01→NDC Num**
57866707402*	**CDI03**	**Product ID**	**57866707402**
3.5*	**CDI04**	**Compound Ingredient Quantity**	**3.5**
02\	CDI05	Compound Drug Dosage Units Code	02→ml

Segment Data → CDI*2*01*59866707402*3.5*02\

Data Element	ASAP 2007 Element	Description/Comments	Data
CDI*	**Segment ID**		
2*	**CDI01**	**Compound Drug Ingredient Number**	2
01*	**CDI02**	**Product ID Qualifier**	**01→ NDC Num**
59866707402*	**CDI03**	**Product ID**	59866707402
3.5*	**CDI04**	**Compound Ingredient Quantity**	**3.5**
02\	CDI05	Compound Drug Dosage Units Code	02→ml

Segment Data →
PAT**02*879765****LastName5*FirstName5*Middlename5***Address**City*IN*00000**19801212*M*01\

Data Element	ASAP 2007 Element	Description/Comments	Data
PAT*	**Segment ID**		
*	PAT01	Not Used	
02*	**PAT02**	**ID Qualifier**	**02→ State ID**
879765*	**PAT03**	**ID of Patient**	**879765**
*	PAT04	Not Used	
*	PAT05	Not Used	
*	PAT06	Not Used	
LastName5*	**PAT07**	**Last Name**	**LastName5**
FirstName5*	**PAT08**	**First Name**	**FirstName5**
Middlename5*	PAT09	Middle Name	
*	PAT10	Not Used	
*	PAT11	Not Used	
Address*	**PAT12**	**Address Information – 1**	**Address**
*	PAT13	Not Used	
City*	**PAT14**	**City Address**	**City**
IN*	**PAT15**	**State Address**	**IN**
00000*	**PAT16**	**ZIP Code Address**	**00000**
*	PAT17	Not Used	

Data Element	ASAP 2007 Element	Description/Comments	Data
19801212*	**PAT18**	**Date of Birth**(CCYYMMDD)	12/12/1980
M*	**PAT19**	**Gender Code**	**M→Male**
01\	PAT20	Species Code	01→Human

Segment Data → DSP**79709*20100812*0*20100812*01*01*34344567891*3.5*10*02*04****05\

Data Element	ASAP 2007 Element	Description/Comments	Data
DSP*	**Segment ID**		
*	DSP01	Reporting Status	
79709*	**DSP02**	**Prescription Number**	**79709**
20100812*	**DSP03**	**Date Written**(CCYYMMDD)	**08/12/2010**
0*	**DSP04**	**Refills Authorized**	**0**
20100812*	**DSP05**	**Date Filled**	**08/12/2010**
01*	**DSP06**	**Refill Number**	**01**
06*	**DSP07**	**Product ID Qualifier**	**01→NDC Num**
34344567891*	**DSP08**	**Product ID**	**34344567891**
3.5*	**DSP09**	**Quantity Dispensed**	**3.5**
10*	**DSP10**	**Days Supply**	**10**
02*	**DSP11**	**Drug Dosage Units Code**	**02→ml**
04*	DSP12	Transmission Form of RX Origin	04→fax Prescription
*	DSP13	Not Used	
*	DSP14	Not Used	
*	DSP15	Pharmacist State License Number	
05\	DSP16	Classification Code for Payment Type	

Segment Data → PRE**AD8765432\

Data Element	ASAP 2007 Element	Description/Comments	Data
PRE*	**Segment ID**		
*	PRE01	Not Used	
AD8765432\	**PRE02**	**DEA Number**	**AD8765432**

Segment Data → TP*22\

Data Element	ASAP 2007 Element	Description/Comments	Data
TP*	**Segment ID**		
22	**TP01**	**Detail Segment Count**	**22**

Segment Data → TT*123456*25\

Data Element	ASAP 2007 Element	Description/Comments	Data
TT*	**Segment ID**		
123456*	**TT01**	**Transaction Control Number**	**123456**
25	**TP02**	**Detail Segment Count**	**25**