# INSPECT Prescription Monitoring Program

[Batch Transmissions]

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

INSPECT
Indiana Scheduled Prescription Electronic Collection & Tracking

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

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

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

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

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

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

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

| SEGMENT TYPE | (PAT) PATIENT INFORMATION |
|---|---|

PAT**02*3000221234****DUMMY*ZACH****1234 ANY STREET**ANYTOWN*IN*46000**19670212*M*01\

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

| SEGMENT TYPE | (DSP) DISPENSING RECORD |
|---|---|

DSP**0561894*20110201*2*20110203*01*01*59762372003*30.0*15*01*01****02\

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

| SEGMENT TYPE | (PRE) PRESCRIBER INFORMATION |
|---|---|

PRE** AA0000000\

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

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

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

| SEGMENT TYPE | (PAT) PATIENT INFORMATION |
|---|---|

PAT**07*400203555****TEST*LAUREN*JACKIE***1234 TEST DRIVE**FAKEVILLE*IN*47000**19820721*F*01\

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

| SEGMENT TYPE | (DSP) DISPENSING RECORD |
|---|---|

DSP**6069481*20110116*1*20110131*01*01*59762372003*30.0*15*01*05****04\

| REFERENCE CODE | | DSP01 | DSP02 | DSP03 | DSP04 | DSP05 | DSP06 | DSP07 | DSP08 | DSP09 | DSP10 | DSP11 | DSP12 | DSP13 | DSP14 | DSP15 | DSP16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATA ELEMENT NAME | | REPORTING STATUS | PRESCRIPTION NUMBER | DATE WRITTEN | REFILLS AUTHORIZED | DATE FILLED | REFILL NUMBER | PRODUCT ID QUALIFIER | PRODUCT ID | QUANTITY DISPENSED | DAYS SUPPLY | DRUG DOSAGE UNITS CODE | TRANSMISSION FORM OF RX ORIGIN | | | | CLASSIFICATION CODE FOR PAYMENT TYPE |
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| CHARACTER LIMIT | | 2 | 25 | 8 | 2 | 8 | 2 | 2 | 15 | 11 | 3 | 2 | 2 | | | | 2 |
| CHARACTER TYPE | | N | A | DT | N | DT | N | N | A | D | N | N | N | | | | N |
| COMMENTS | | | **RX NUMBER** | | | | | | | **MUST BE A DECIMAL** | | | **OPTIONAL** | | | | |
| CODE SEGMENT | DSP* | * | 6069481* | 20110116* | 1* | 20110131* | 01* | 01* | 59762372003* | 30.0* | 15* | 01* | 05* | * | * | * | 04\ |

| SEGMENT TYPE | (PRE) PRESCRIBER INFORMATION |
|---|---|

PRE**AA0000000\

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

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

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

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

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