



Data Submitter Reference Guide

Utah Division of Occupational and Professional Licensing (DOPL)

Controlled Substance Database (CSD)

June 2020

Contents

1. Document Overview	4
Purpose and Content	4
2. Program Overview	5
Purpose	5
3. Data Collection and Reporting Requirements	5
About This Chapter	5
Data Collection Requirements	5
Reporting Requirements	5
Data Submitters	5
Dispenser Reporting.....	6
Reporting Methods and Data Standard	6
Required Prescription Information	6
Zero Reports.....	16
4. Data Submission	16
About This Chapter	16
Timeline and Requirements	16
Submission Specifications	16
Creating Your Account	16
Modifying Your Account.....	18
Changing Your Password.....	18
Updating Profile Details	18
Reporting Zero Dispensing.....	19
Report Zero Activity	19
Report Zero Activity – File Submission	19
5. Data Delivery Methods	20
About This Chapter	20
Secure FTP over SSH.....	20
SSL Website	20
Universal Claim Form (UCF) Submission	21
Reporting Requirements for UCF Submissions.....	21
Notes about NDC Numbers.....	21
Online UCF Submission	22
6. Submitted Reports and Edit Definitions	29
About This Chapter	29
View Submitted Reports	29
View Zero Reports.....	30
Error Correction	30
Submit a New Record.....	30
Revise a Record.....	30

Void a Record.....	31
Edit Definitions.....	31
7. Assistance and Support	33
Technical Assistance.....	33
Administrative Assistance	33
Appendix A: ASAP 4.2 Specifications.....	34
Appendix B: Zero Report Specifications	46

1. Document Overview

Purpose and Content

The *RxGov Data Submitter's Reference Guide* serves as a step-by-step implementation and training guide for data submitters who dispense Schedule II, III, IV, and V controlled substances (CS) in and into the State of Utah. RxGov is the system for the reporting of these dispenses. This guide includes the following topics:

- Reporting requirements for dispensers
- Data file submission guidelines and methods
- Creating your account
- Creating a data file
- Submitting or reporting your data
- Understanding submission error codes and definitions

This guide has been customized to target the specific training needs of data submitters who dispense CS in and into Utah. It is intended for use by all dispensers required to report their dispensing of CS prescription drugs to Utah's Controlled Substance Database (CSD).

2. Program Overview

Purpose

Utah's Controlled Substance Database Program (CSD) is a resource that assists prescribing practitioners and pharmacists in providing efficient care for their patients' and customers' usage of controlled substances (CS).

The Utah Controlled Substance Database Program was legislatively created UCA §§ 58-37f and put into effect on July 1, 1995. The CSD collects data on the dispensing of all Schedule II-V drugs UCA §§ 58-37-4 from all retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies. The data is available to authorized individuals and used to identify potential cases of drug over-utilization, misuse, and over-prescribing of controlled substances throughout the state.

3. Data Collection and Reporting Requirements

About This Chapter

This chapter provides information regarding the data collection and reporting requirements established by the Utah CSD, as well as information regarding reporting exemptions.

Data Collection Requirements

Utah law UCA §§ 58-37f-203 (1)(a)(i)(ii) requires all pharmacies including non-resident pharmacies as defined in Section 58-17b-102, to report dispensing a controlled substance prescription (schedules II – V) to an out-patient, by the following two options: 24-hour daily or next business day batch file, whichever is later, or in real-time file submission.

Please note that information in the Controlled Substance Database may not contain information from the following, as they are not required to report to the Utah program, but are encouraged to do so:

- Prescriptions filled at federal facilities (military or VA);
- Controlled substances administered in an in-patient setting.
- Veterinary clinics which prescribe and dispense within the clinic.

Reporting Requirements

Data Submitters

“Data submitter” refers to users who submit CS dispensed data to RxGov. Data submitters are not always dispensers, and some data submitters may submit data for large organizations who may have multiple dispensers. Requirements for who must submit data, are listed in the Dispenser Reporting section below.

Dispenser Reporting

To fulfill the CSD data collection requirement, CS dispensers are required to electronically report data on all Schedule II, III, IV, and V UCA §§ 58-37-4 CS prescription drugs dispensed to a patient or a patient's agent in the State. "Dispenser" includes licensed pharmacies, whether in-state or non- resident, as well as licensed healthcare practitioners* that dispense CS. Certain specified entities and types of drug delivery/dispensing are exempt from reporting.

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 dispensing practitioner who works with a pharmacy or practice management system vendor, please forward the reporting requirements to your software vendor. System changes may be necessary 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.

If you are a dispenser that submits its own data, follow the instructions provided in the Data Submission chapter to submit the data.

Reporting Methods and Data Standard

The Utah CSD requires that prescription data be reported electronically. Submission of paper reports or hard copies of digital media (e.g., mailed CD or floppy disk) are not permitted. Approved electronic reporting methods include secure FTP (SFTP) over SSH, SSL website, or online universal claim form. For details on these reporting methods, see the Data Submission chapter, below.

The Utah CSD requires that all reports be submitted in the American Society for Automation in Pharmacy (ASAP) Standard for Prescription Monitoring Programs, Version 4.2. Detailed specifications for ASAP 4.2 are listed in [Appendix A: ASAP 4.2 Specifications](#).

Required Prescription Information

Utah Administrative Code R156-37f-203 lists the specific data elements that dispensers are required to report for each Schedule II, III, IV, and V CS prescription drug dispensed. The table below lists the fields in the ASAP 4.2 standard that correspond with these required data elements. Dispensers must report the required data in these fields to remain in compliance with the CSD reporting requirement. DOPL encourages dispensers to report additional information about CS prescriptions beyond the required data elements. Supplemental information (reported in fields marked "situational") help improve the CSD's ability to accurately and efficiently process data requests from pharmacists, physicians, and other authorized users. Additionally, if data is supplied for a situational element that relates to another situational element, then all elements **must be provided** to pass validation. Example: PAT01, PAT02 & PAT03 are all related to each other, therefore if one element is provided, then all three must be provided. Note: AIR03, AIR04, and AIR05 are required to be reported in unison as in this example."

Notes:

- **Required and conditionally required fields are shaded in the table below.** Compound-related fields (CDI) are required only if reporting a compound. Fields that are not shaded are optional (“situational”).
- For reference purposes, [Appendix A](#) lists all data fields identified in the ASAP 4.2 standard.
- In the **Field Usage** column:
 - “R” indicates a field **required** by ASAP
 - “RR” indicates a field **required** by the Utah CSD
 - “S” indicates a situational field (not required; however, supply if available)**Both “R” and “RR” fields must be reported.**

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

ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
ASAP Version	TH01	ASAP Version and Release Format = x.x	R
Transaction Control Number	TH02	Unique transaction ID Code This ID must be used in TT01	R
Transaction Type	TH03	ID's the purpose of the transaction. Use of codes: 01-Send/Request; 02-Acknowledgment; 03-Error; 04-Void	S
Response	TH04	Require in response transaction only	S
Creation Date	TH05	Date created: CCYYMMDD	R
Creation Time	TH06	Time created: HHMMSS	R
File Type	TH07	P = Production T = Test	R
Routing Number	TH08	For real time transactions	S
Segment Terminator	TH09	Sets the value for data segment termination for all segments	R
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Unique Source ID	IS01	Identification number or Reference Number, if phone number used, no hyphens	R
Information Source Name	IS02	Entity name of source	R

Message	IS03	Use to contain a date range: Exp: #CCYYMMDD#-#CCYYMMDD#	S
National Provider Identifier (NPI)	PHA01	Per Utah spec's NPI number is required.	RR
NCPDP Provider ID	PHA02	Per Utah's spec's NCPDP number is required in PHA02 unless PHA03 is provided	RR
DEA Number	PHA03	Per Utah's spec's DEA number is required in PHA03 unless PHA02 is provided	RR
Pharmacy or Dispensing Prescriber Name	PHA04	Free form name, If dispensing prescriber, provide professional acronym (MD, DDS, ect...)	S
Address Information	PHA05	Freeform text	S
Address Information	PHA06	Freeform text	S
City Address	PHA07	Name of the City	S
State Address	PHA08	State U.S. Postal abbreviation	S
Zip Code Address	PHA09	Use if available with NO hyphens, minimum of five characters	S
Phone Number	PHA10	Requires ten characters with NO hyphens	S
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Contact Name	PHA11	Freeform name	S
Chain Site	PHA12	Store or pharmacy number ID	S
ID Qualifier of Patient Identifier	PAT01	Used if supplied but not required. Identifies the jurisdiction of the ID used in PAT03. NOTE: if PAT01 is provided then PAT02 & PAT03 must also be provided. Use Appendix A for jurisdiction codes	S
ID Qualifier	PAT02	Code to identify the type of ID in PAT03. NOTE: if PAT02 is provided then PAT01 & PAT03 must also	S

		<p>be provided.</p> <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) 	
ID of Patient	PAT03	<p>Identification number for the patient as indicated in PAT02.</p> <p>An example would be the driver's license number.</p> <p>NOTE: if PAT03 is provided then PAT01 & PAT02 must also be provided.</p>	S
ID Qualifier of Additional Patient Identifier	PAT04	<p>Code identifying the jurisdiction that issues the ID in PAT06. Used if the CSD requires such identification. NOTE: if PAT04 is provided then PAT05 & PAT06 must also be provided.</p>	S
Additional Patient ID Qualifier	PAT05	<p>Code to identify the type of ID in PAT06 if the CSD requires a second identifier. If PAT05 is used, PAT06 is required. NOTE: if PAT05 is provided then PAT04 & PAT06 must also be provided.</p> <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Additional ID	PAT06	<p>Identification that might be required by the CSD to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required. NOTE: if PAT06 is provided then PAT04 & PAT05 must also be provided.</p>	S
Last Name	PAT07	Patient's last name.	R
First Name	PAT08	Patient's first name.	R
Middle Name	PAT09	Patient's middle name or initial if available.	S
Name Prefix	PAT10	Patient's name prefix such as Mr. or Dr.	S

Name Suffix	PAT11	Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	S
Address Information – 1	PAT12	Free-form text for street address information.	R
Address Information – 2	PAT13	Free-form text for additional address information.	S
City Address	PAT14	Free-form text for city name.	R
State Address	PAT15	U.S. Postal Service state code	S
ZIP Code Address	PAT16	U.S. Postal Service ZIP code. Populate with zero's if patient address is outside the U.S.	R
Phone Number	PAT17	Complete phone number including area code, no hyphens	S
Date of Birth	PAT18	Date patient was born. Format: CCYYMMDD	R
Gender Code	PAT19	Code indicating the sex of the patient. <ul style="list-style-type: none"> ▪ F Female ▪ M Male ▪ U Unknown 	S
Species Code	PAT20	Used if required by the CSD 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
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Patient Location Code	PAT21	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

Country of Non-U.S. Resident	PAT22	Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. This is a freeform text field.	S
Name of Animal	PAT23	For prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription. Example: Fido, Kitty, etc...	S
Reporting Status	DSP01	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 CSD to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R
Prescription Number	DSP02	Serial number assigned to the prescription by the pharmacy.	R
Date Written	DSP03	Date the prescription was written (authorized). Format: CCYYMMDD	R
Refills Authorized	DSP04	The number of refills authorized by the prescriber.	R
Date Filled	DSP05	Date prescription was filled. Format: CCYYMMDD	R
Refill Number	DSP06	Number of the fill of the prescription. 00 indicates New Rx; 01-99 is the refill number.	R
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Product ID Qualifier	DSP07	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) 	R
Product ID	DSP08	Full product identification as indicated in DSP07, including leading zeros without punctuation.	R
Quantity Dispensed	DSP09	Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
Days' Supply	DSP10	Calculated or Estimated # of days' supply	R

Drug Dosage Unit	DSP11	Unit of measure for the quantity dispensed 01 = each solid unit 02 = Milliliters (ml) 03 = Grams of weight	S
Transmission Form of Rx	DSP12	Code = how Pharmacy received Rx <ul style="list-style-type: none"> ▪ 01 = Written ▪ 02 = Telephone ▪ 03 = Telephone Emergency ▪ 04 = Fax ▪ 05 = Electronic ▪ 06 = Transfer/forwarded ▪ 99 = Other 	S
Partial Fill Indicator	DSP13	Used if supplied but not required. <ul style="list-style-type: none"> ▪ 00 = Not a Partial Fill, ▪ 01 = Partial Fill; So the second partial fill would be reported as 02, up to a maximum of 99.	S
Pharmacist National Provider Identifier (NPI)	DSP14	Used if supplied but not required.	S
Pharmacist State License Number	DSP15	Used if supplied but not required.	S
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Classification Code for Payment Type	DSP16	Identifies type of payment rendered: <ul style="list-style-type: none"> ▪ 01 = Private Pay ▪ 02 = Medicaid ▪ 03 = Medicare ▪ 04 = Commercial Insurance ▪ 05 = Military or VA ▪ 06 = Workers Comp ▪ 07 = Indian Nations ▪ 99 = Other 	S
Date Sold	DSP17	Must be provided. Date drug was picked up or delivered to recipient.	RR
RxNorm Product Qualifier	DSP18	<ul style="list-style-type: none"> ▪ 01 = Semantic Clinical Drug ▪ 02 = Semantic Branded Drug ▪ 03 = Generic Package 	S

		<ul style="list-style-type: none"> ▪ 04 = Branded Package 	
RxNorm Code	DSP19	Used if supplied but not required.	S
Electronic Prescription Reference Number	DSP20	Used if supplied but not required.	S
Electronic Prescription Order Number	DSP21	Used if supplied but not required.	S
National Provider Identifier (NPI)	PRE01	Used if supplied but not required.	S
DEA Number	PRE02	Cannot be blank. Required as Prescriber ID. Number can be assigned to a prescriber or an institution	R
DEA Number Suffix	PRE03	Suffix assigned to an individual prescriber by an institution when the institution's DEA # is used in PRE02. This field is required only when institutional DEA # is used to identify the prescribing practitioner.	S
Prescriber State License Number	PRE04	Identification assigned to the prescriber by the State Licensing Board.	S
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Last Name	PRE05	Prescriber's last name.	S
First Name	PRE06	Prescriber's first name.	S
Middle Name	PRE07	Prescriber's middle name or initial.	S
Phone Number	PRE08	Prescriber's primary phone number	S
Compound Drug Ingredient Sequence Number	CDI01	First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R

Product Qualifier ID	CDI02	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
Product ID	CDI03	Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
Compound Ingredient Quantity	CDI04	Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
Compound Drug Dosage Units Code	CDI05	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
State Issuing Rx Serial Number	AIR01	U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
State Issued Rx Serial Number	AIR02	Number assigned to state issued serialized prescription blank. If AIR01 is provided a number will be required for this field.	S
Issuing Jurisdiction	AIR03	Code identifying the jurisdiction that issues the ID in AIR05. See Appendix A for a list of valid jurisdictions	RR
ID Qualifier of Person Picking Up Rx	AIR04	Used to identify the type of ID contained in AIR05 for person 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) 	RR
ID of Person Picking Up Rx	AIR05	ID number of patient or person picking up the prescription.	RR

Relationship of Person Picking Up Rx	AIR06	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
Last Name of Person Picking Up Rx	AIR07	Last name of person picking up the prescription.	RR
First Name of Person Picking Up Rx	AIR08	First name of person picking up the prescription.	RR
Last Name or Initials of Pharmacist	AIR09	Last name or initials of pharmacist dispensing the medication.	RR
First Name of Pharmacist	AIR10	First name of pharmacist dispensing the medication is required, even when initials are provided in AIR09	RR
Dropping Off/Picking Up Identifier Qualifier	AIR11	Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> ▪ 01 Person Dropping Off* ▪ 02 Person Picking Up* (Required) ▪ 98 Unknown/Not Applicable 	S
		Note: *Both 01 and 02 cannot be required by a prescription drug monitoring program.	
ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Detail Segment Count	TP01	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
Transaction Control Number	TT01	Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
Segment Count	TT02	Total number of segments included in the transaction including the header and trailer segments.	R

Zero Reports

The Utah CSD requires dispensers to submit “zero” or “null” reports when no CS prescription drugs have been dispensed during a 24-hour period. Blank reports are not acceptable.

See Appendix B for report specifications.

4. Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the Utah CSD.

Timeline and Requirements

Upon receipt of this guide, dispensers and software vendors serving as data submitters can establish submission accounts at <https://utpdmp.rxgov.com/login>.

Submission Specifications

Per [Appendix A: ASAP 4.2](#) specifications, files should be in the ASAP 4.2 format. Submission files 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 “20130801.dat”. All submitted files are kept separate from the files of other data submitters.

Reports for multiple dispensers can be in the same submission file in any order.

Creating Your Account

To submit data, you will first need to create a **data submitter account**. If you have already created your account, proceed to the appropriate section of this document that outlines the steps you must follow to submit your data.

Note: Dispensing data from multiple pharmacies can be submitted in the same file. For example, chain pharmacies may send in one file containing CS dispensing information for all their pharmacies licensed in the state of Utah. **Chains with multiple stores only need to set up one account to submit a file.**

Complete the following steps to create an account:

The screenshot shows the RxGov registration form. At the top is the RxGov logo with the tagline 'AN NIC PLATFORM'. Below the logo are several input fields: 'Email', 'Password' (with an eye icon), 'Confirm Password', 'First Name', 'Last Name', 'Street Address 1', 'Street Address 2', 'City', 'State' (a dropdown menu), 'Zipcode', 'Phone Number', and 'Mobile Phone Number'. At the bottom, there is a dropdown menu for 'Account Type', a blue link for 'Back to Login', and a 'Register' button.

1. Go to RxGov.
2. On the RxGov home page, click **Register**.
3. Enter the following required information:
 - a. Email (This becomes your username and cannot be changed)
 - b. Password
 - c. First Name
 - d. Last Name
 - e. State
 - f. Mobile Phone Number

You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:

- g. Street Address
 - h. City
 - i. Zip Code
 - j. Phone Number
3. In the Account Type menu, select **Submitter**.
4. Enter your **Submitter Name** with which you are submitting data.
5. Click **Register**.

After review by an administrator, an email is sent to the submitted email address notifying you that your account is now accessible.

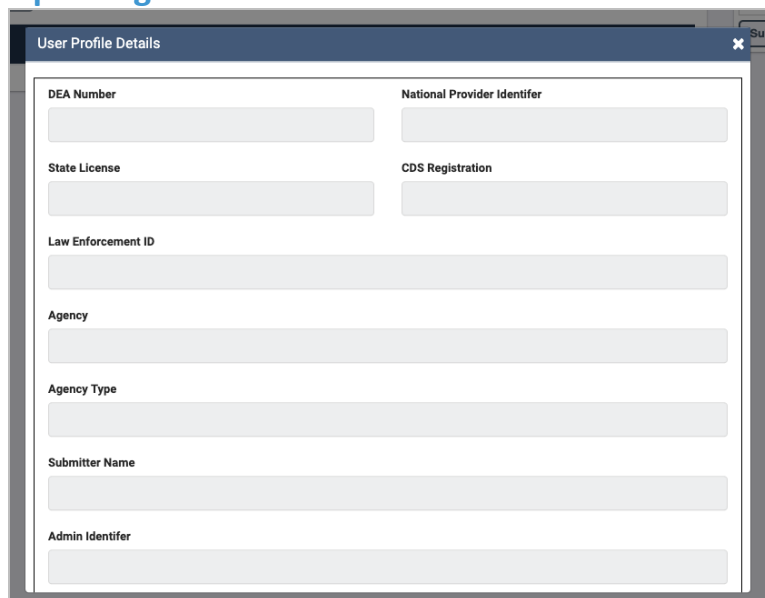
Modifying Your Account

Changing Your Password

Complete the following steps to update your password:

1. Log on to RxGov.
2. On the top menu bar, click **your Name**.
3. On the User Profile Details page, click **Change Password**.
4. Type your current password in the **Current Password** box.
5. Type your new password in the **New Password** box.
6. Type your new password in the **Confirm New Password** box.
7. Click **Change Password**.

Updating Profile Details



The screenshot shows a web browser window with a tab titled "User Profile Details". The form contains the following fields:

- DEA Number
- National Provider Identifier
- State License
- CDS Registration
- Law Enforcement ID
- Agency
- Agency Type
- Submitter Name
- Admin Identifier

Complete the following steps to modify or update existing information in your account:

1. Log on to RxGov.
2. On the top menu bar, click **your Name**.
3. On the **User Profile Details** page, you can update any of the following information:
 - a. First Name
 - b. Last Name
 - c. Street Address
 - d. City
 - e. State
 - f. Zip Code
 - g. Phone Number
 - h. Mobile Number
4. After updating your information, click **Save**.

Complete the following steps to update your Submitter Name:

1. Log on to RxGov.
2. On the top menu bar, click **your Name**.
3. On the User Profile Details page, click **Change Identifier Fields**.
4. On the Create User Identifier Change Request Ticket page, please provide an explanation as to why you

need to change your identifier in the comment box. Enter a new submitter name in the **Submitter Name** box.

5. Click **Submit**.

Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding 24 hours, you are required to report this information to the Utah CSD. See Appendix B for report specifications.

Report Zero Activity

When you do not have any CS dispenses to submit, you must submit a Zero Report.

Complete the following steps to submit a Zero Report:

The screenshot shows the RxGov interface. On the left is a navigation menu with options: My submissions, Submit Data, Manual Entry/Universal Claim Form, Tickets, and Submission Notifications. The main content area is split into two sections. The top section, 'Submit By File', has 'Select Files...' and 'Submit Files' buttons and a table with columns 'File Name', 'File Size', and 'Actions'. The bottom section, 'Submit Zero Report', is highlighted with a red border and contains the following fields: 'Date For Zero Report' (05-08-2020), 'National Provider Identifier (NPI)', 'DEA Number', and 'NCPDP/NABP Provider ID'. A 'Submit' button is at the bottom right of this section.

1. Log into RxGov.
2. Click **Submit Data** in the left menu.
3. In the Submit Zero Report section, **select the date** for the report to be submitted.
4. Enter the **NPI Number** in the NPI Number box.
5. Enter the **DEA Number** in the DEA Number box.
6. Enter the **NCPDP/NABP Provider ID** in the NCPDP/NABP Provider ID box.
7. When all required data is entered, click **Submit**.

Report Zero Activity – File Submission

You can also submit a Zero Report in compliance with ASAP 4.2 file requirements.

To submit a Zero Report, complete the following steps:

1. Prepare the Zero Report data file for submission, using the specifications described in [Appendix B: Zero Report Specifications](#).
2. Log on to RxGov.
3. Click **Submit Data** in the left menu.
4. In the “Submit By File” section, click **Select Files**.
5. Select the file on your computer and click **Open**. After being selected, the file is displayed in the “Submit By File” section. If a mistake is made, you can click the red X in the line of the incorrect file. Multiple files can be submitted at once.
6. When all desired files are listed, click **Submit Files**.

5. Data Delivery Methods

About This Chapter

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

Delivery Method	Page
Secure FTP over SSH	20
SSL Website	20
Universal Claim Form (UCF) Submission	
Reporting Requirements for UCF Submissions	21
Notes about NDC Numbers	21
Online UCF Submission	22

Secure FTP over SSH

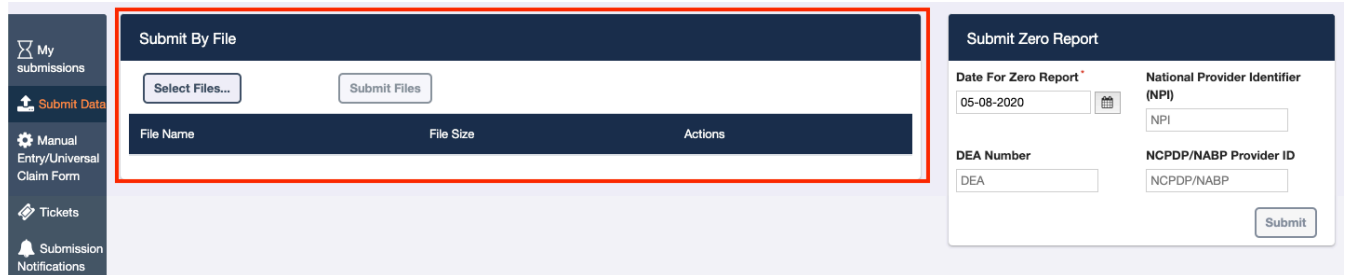
There are many free software products that support Secure FTP. Neither Utah nor NIC is in a position to direct or support your installation of operating system software for Secure FTP; however, we have information that WinSCP (<http://winscp.net>) and Filezilla (<https://filezilla-project.org/>) have been used successfully by other pharmacies.

1. You must first create an RxGov account. Information for creating an account is available in Chapter 4 of this document.
2. Prepare the data file for submission using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).
3. SFTP the file to: [...]
4. When prompted, type your data submitter credentials. (HOST: 52.188.183.46 PORT: 17730)
5. Place the file in the new directory.
6. If desired, view the results of the submission in the administration section of RxGov.
7. Log off when the file submission is complete.

SSL Website

ASAP files are designated by the American Society for Automation in Pharmacy. You can find more information at <https://www.asapnet.org>.

Complete the following steps to submit an ASAP 4.2 file:



1. Prepare the data file for submission using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).
2. Log on to RxGov.
3. On the left menu, click **Submit Data**.
4. In the Submit By File section, click **Select Files**.
5. Select the file on your computer and click **Open**. *(After being submitted, the file is displayed in the "Submit By File" section. If a mistake is made, you can click the red X in the line of the incorrect file. Multiple files can be submitted at once.)*
6. When all desired files are listed, click **Submit Files**.

Universal Claim Form (UCF) Submission

If you have Internet access but are unable to submit your data in a batch submission, you may submit prescription information using RxGov online universal claim form (UCF).

When submitting information using the online UCF, please ensure that the information you provide is complete and accurate. Only complete and accurate submissions are entered into the Utah CSD database. Please use the information in the **Notes about NDC Numbers** section below as a guideline for providing accurate NDC numbers.

Reporting Requirements for UCF Submissions

Please refer to the Required Prescription Information topic for details on reporting requirements.

Notes about NDC Numbers

Use the following information when entering NDC numbers on the 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

A universal claim form can be used when you need to submit ASAP file information but do not need to create a complete file. Submitted universal claims are displayed in the **My Submissions** page.

Complete the following steps to complete a Universal Claim Form submission:

The screenshot shows a three-step process for submitting a Universal Claim Form. Step 1, 'Pharmacy', is the current step. It contains several input fields: National Provider Identifier (NPI), NCPDP/NABP Provider ID, and DEA Number. Below these is a note: 'Please enter a value for at least one of the above identifier fields'. Further down are fields for Pharmacy Name, Address Information - 1, Address Information - 2, City Address, State Address, ZIP Code, Phone Number, Contact Name, Chain Site ID, and Pharmacy's Permit Number/License Number. A 'Next' button is located at the bottom right of the form.

1. Log on to RxGov.
2. Click **Universal Claim** in the left menu.
3. On the Pharmacy page, enter data in at least one of the following **required** fields:
 - a. National Provider Identifier (NPI)
 - b. NCPDP/NABP Provider ID (required)
 - c. DEA Number

You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:

- d. Pharmacy Name
 - e. Address Information
 - f. City Address
 - g. State Address
 - h. ZIP Code Address
 - i. Phone Number
 - j. Contact Name
 - k. Chain Site ID
 - l. Pharmacy's Permit Number/License Number
4. When all available data is entered click **Next**.
 5. On the Patient page, enter the following required information (all required fields will be indicated in red on the form):
 - a. Last Name
 - b. First Name
 - c. Address Information
 - d. City Address
 - e. ZIP Code Address

f. Date of Birth

You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:

- g. Middle Name
- h. Name Prefix
- i. Name Suffix
- j. State Address
- k. Phone Number
- l. Gender Code
- m. Species Code
- n. Patient Location Code
- o. Country of Non-U.S. Resident
- p. Name of Animal
- q. ID Qualifier of Patient Identifier
- r. ID Qualifier
- s. ID of Patient
- t. ID Qualifier of Additional Patient Identifier
- u. Additional Patient ID Qualifier
- v. Additional ID

The screenshot shows a multi-step form for patient data entry. At the top, a progress bar indicates three steps: 1. Pharmacy, 2. Patient (highlighted in orange), and 3. Dispense. The form is divided into several sections:

- Name Information:** Last Name, First Name, Middle Name, Name Prefix, Name Suffix.
- Address Information:** Address Information - 1, Address Information - 2, City Address, State Address, ZIP Code.
- Contact and Demographics:** Phone Number, Date of Birth (mm/dd/yyyy), Gender Code (dropdown), Species Code (dropdown), Patient Location Code (dropdown), Country of Non-U.S. Resident, Name of Animal.
- Identifiers:** ID Qualifier of Patient Identifier, ID Qualifier (dropdown), ID of Patient, ID Qualifier of Additional Patient Identifier, Additional Patient ID Qualifier (dropdown), Additional ID.

At the bottom right, there are 'Previous' and 'Next' buttons.

- 6. When all available data is entered, click **Next**.
- 7. On the Dispense page, **+Add Dispense**.

1 Pharmacy 2 Patient 3 Dispense

Sr.No	Prescription Number	Date Written	Reporting Status	Refills Authorized	DEA Number	Compound Drug Information	Action
No record to display.							

+ Add Dispense

Previous Submit Universal Form

8. On the Dispense page, enter the following required information:
 - a. Reporting Status
 - b. Prescription Number
 - c. Date Written
 - d. Refills Authorized
 - e. Date Filled
 - f. Refill Number
 - g. Product ID Qualifier
 - h. Product ID
 - i. Quantity Dispensed
 - j. Days Supply
 - k. Partial Fill Indicator
 - l. Date Sold

You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:

- m. Drug Dosage Units Code
- n. Transmission Form of Rx Origin Code
- o. Pharmacist National Provider Identifier (NPI)
- p. Pharmacist State License Number
- q. Classification Code for Payment Type
- r. RxNorm Product Qualifier
- s. RxNorm Code
- t. Electronic Prescription Reference Number
- u. Electronic Prescription Order Number

The screenshot shows a data entry form with the following fields:

- Reporting Status:** --Select--
- Prescription Number:** [Text Input]
- Date Written:** mm/dd/yyyy
- Refills Authorized:** [Text Input]
- Date Filled:** mm/dd/yyyy
- Refill Number:** [Text Input]
- Product ID Qualifier:** --Select--
- Product ID:** [Text Input]
- Quantity Dispensed:** [Text Input]
- Days Supply:** [Text Input]
- Drug Dosage Units Code:** --Select--
- Transmission Form of Rx Origin Code:** --Select--
- Partial Fill Indicator:** [Text Input]
- Pharmacist National Provider Identifier (NPI):** [Text Input]
- Pharmacist State License Number:** [Text Input]
- Classification Code for Payment Type:** --Select--
- Date Sold:** mm/dd/yyyy
- RxNorm Product Qualifier:** --Select--
- RxNorm Code:** [Text Input]
- Electronic Prescription Reference Number:** [Text Input]
- Electronic Prescription Order Number:** [Text Input]
- Quantity Prescribed:** [Text Input]
- Rx SIG:** [Text Input]
- Treatment Type:** --Select--
- Diagnosis Code:** [Text Input]

A "Next" button is located at the bottom right of the form.

9. When all the available information is entered, click **Next**.

10. On the Prescriber page, enter the following required information:
a. DEA Number

You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:

- b. National Provider Identifier (NPI)
- c. DEA Number Suffix
- d. Prescriber State License Number
- e. Last Name
- f. First Name
- g. Middle Name

h. Phone Number

The screenshot shows a multi-step data entry form. At the top, a progress bar has four steps: 1. Dispense, 2. Prescriber (highlighted in orange), 3. Additional Information, and 4. Compound Drug Information. The main form area contains several input fields arranged in a grid:

National Provider Identifier (NPI) <input type="text"/>	DEA Number <input type="text"/>	DEA Number Suffix <input type="text"/>
Prescriber State License Number <input type="text"/>	Last Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Phone Number <input type="text"/>	XDEA Number <input type="text"/>

At the bottom right of the form, there are two buttons: 'Previous' and 'Next'.

11. When all the available information is entered, click **Next**.
12. On the Additional Information page, enter the following required information:
 - a. ID Issuing Jurisdiction
 - b. ID Qualifier of Person Dropping Off or Picking Up Rx
 - c. First Name of Person Dropping Off or Picking Up Rx
 - d. Last Name or Initials of Pharmacist
 - e. First Name of Pharmacist
 - f. Relationship of Person Dropping off or Picking up Rx (Required to avoid Warning)

You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:

- g. State Issuing Rx Serial Number
- h. State Issued Rx Serial Number
- i. Dropping Off/Picking Up Identifier Qualifier

13. When all available information is entered, click **Next**.

14. On the Compound Drug Information page, you must enter a line item for each compound that was included in the substance that was dispensed. Enter the following required information for each compound:

- a. Sequence
- b. Product ID Qualifier
- c. Product ID
- d. Quantity

*You can also optionally enter the **Dosage Units Code** if available.*

Sequence	Product ID Qualifier	Product ID	Quantity	Dosage Units Code	Action

15. When all available compound data is entered, click **Save Dispense**.
16. On the Dispense page you can edit created compounds by clicking the **edit icon** in the action column, and you can delete created compounds by clicking the **delete icon** in the action column.

Progress bar: 1 Pharmacy, 2 Patient, 3 Dispense

Sr.No	Prescription Number	Date Written	Reporting Status	Refills Authorized	DEA Number	Compound Drug Information	Action
DSP1	123456		00	5	123456	2	 

Buttons: + Add Dispense, Previous, Submit Universal Form

17. When dispensed compounds are entered On the Dispense page, click **Submit Universal Form**.

6. Submitted Reports and Edit Definitions

About This Chapter

This chapter explains how to view submitted reports and zero reports, how to correct and resubmit records, and provides an explanation of the error codes you may see on your submission report.

View Submitted Reports

You can view your submitted data in the RxGov platform, however, you are only able to view records you have submitted.

Complete the following steps to view and filter your submitted data:

The screenshot displays the RxGov Submission History page. At the top, there are filters for Start Date (12-12-2018) and End Date (03-12-2019), along with checkboxes for 'Only Show Files w/ Errors' and 'Hide Resolved Files'. A table lists submission records with columns: File Name, # of Dispenses, # of Errors, # of Warnings, Date, Age (days), and Resolved?. One record is shown for '20190226.dat' with 188 dispenses, 0 errors, and 0 warnings. Below the table, the 'File Contents' section shows a tree view of patient information. The 'Segment Details' section displays fields for ID Qualifier of Patient Identifier, ID Qualifier, ID of Patient, ID Qualifier of Additional Patient Identifier, Additional Patient ID Qualifier, Additional ID, Last Name, First Name, and Middle Name. The 'Segment Errors' section indicates 'This segment has no errors.'

1. Log on to RxGov.
2. Click **My Submissions** in the left menu.
3. On the Submission History page, use the **Start Date** and **End Date** boxes to select the dates for which you want to view data. You can also choose to view only files with errors by selecting the **Only Show Files w/ Errors** box, and you can hide resolved files by selecting the **Hide Resolved Files** box.
4. When you have finished making your selections, the submission history search is run automatically. You can also update the displayed data by clicking the **refresh icon** at the top right of the page.
5. To view submitted data, click the line containing the data you want to view.
6. The File Contents section contains information on all submitted patients. You can view details on a patient by clicking the **expand arrow next to the patient name**.
7. Additional dispensing information is displayed in the Segment Details section:
 - a. Errors in the submitted segment are displayed in the Segment Errors section.
 - b. Patient information is displayed in the Segment Details section when the PAT line is highlighted.
 - c. Prescription information is displayed in the Segment Details section when the DSP line is highlighted.
 - d. Prescriber information is displayed in the Segment Details section when the PRE line is highlighted.

View Zero Reports

This function lets data submitters view previously submitted Zero Reports. Zero Report information is displayed on the Submission History page with other submitted data for a selected time.

Complete the following steps to view Zero Reports:

1. Log on to RxGov.
2. Click **My Submissions** in the left menu.
3. On the Submission History page, use the **Start Date** and **End Date** boxes to select the dates for which you want to view data. You can also choose to view only files with errors by selecting the **Only Show Files w/ Errors** box, and you can hide resolved files by selecting the **Hide Resolved Files** box.
4. When you have finished making your selections, the submission history search is run automatically. You can also update the displayed data by clicking the **refresh icon** at the top right of the page.
5. To view submitted data, click the line containing the data you want to view.

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 Submit Reports section.

The ASAP 4.2 standard requires a dispenser to 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

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

Submit a New Record

Complete 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

Complete 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 on the erroneous record:
 - a. PHA02 (NABP Number)
 - b. PHA03 (DEA Provider ID)
 - c. DSP02 (Prescription Number)
 - d. DSP03 (Date Written)
 - e. DSP05 (Date Filled)
 - f. DSP06 (Number of Refills)
 - g. DSP17 (Date Sold)
 - h. PAT07 (Last Name)
 - i. PAT08 (First Name)
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.

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

Complete 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 DEA is blank	Fatal
Edit 05	Pharmacy ID not found	Fatal
Edit 09	Invalid DOB	Fatal
Edit 10	Gender is invalid	Minor
Edit 14	Reporting status is invalid	Fatal
Edit 15	Date Dispensed is invalid or irrational	Serious
Edit 18	Quantity is invalid	Serious
Edit 20	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
	NDC not found (used when CDI segment is used)	Serious
Edit 22	Product ID Qualifier is invalid	Fatal
Edit 25	Prescriber ID not found	Minor
	Prescriber ID is blank	Fatal
Edit 26	Prescriber Last Name is blank	Minor
Edit 28	Date Rx Written is invalid	Minor

Edit 31	Classification Code for Payment Type is invalid	Minor
Edit 50	Patient Last Name blank	Fatal
Edit 51	Patient First Name blank	Fatal
Edit 52	Patient Address blank	Serious
Edit 53	Patient ZIP Code is blank	Serious
Edit 54	Patient ZIP and State Code conflict	Serious
Edit 56	Patient City is blank	Minor
Edit 60	Patient State Code is blank	Serious
Edit 61	Patient State Code is invalid	Serious
Edit 62	Customer Phone Number is blank	Minor
Edit 200	Prescription Number is blank	Fatal
Edit V1	Record already exists Note: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the submitted report produced after data file transmission has completed.	Minor

7. Assistance and Support

Technical Assistance

For data submission assistance, you may contact Utah.gov Support 24 hours a day by calling 801-983-0275. You can also email support@utah.gov.

Administrative Assistance

If you have non-technical questions regarding the Utah CSD, please email csd@utah.gov.

Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of submitted records in the American Society for Automation in Pharmacy (ASAP) version 4, release 2 format to comply with the Utah CSD's requirements.

The following elements are used in each submitted file:

1. **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
2. **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 (~).

3. **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

4. **Field Usage**

- R = Required by ASAP
- RR = Required by the Utah CSD
- S = Situational (not required; however, supply if available)

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.			
	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 CSD 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.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	RR
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	RR
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner'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 the CSD 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 CSD requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the CSD 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 ▪ 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 CSD to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	Last Name Patient's last name.	R
	PAT08	First Name Patient's first name.	R
	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 <i>Jr.</i> or <i>the III.</i>	S
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	R
	PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	S
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
	PAT17	Phone Number Complete phone number including area code.	S
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	R
	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 CSD 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 CSD 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 CSD 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.	R
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R

Segment	Field ID	Field Name	Field Usage
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
	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) 	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	R
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
	DSP10	Days' Supply Estimated number of days the medication will last.	R
	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 in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> ▪ 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.	S
	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

Segment	Field ID	Field Name	Field Usage
	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 	S
	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.	RR
	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
PRE: Prescriber Information Required segment; used to identify the prescriber of the prescription.			

Segment	Field ID	Field Name	Field Usage
	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).	R
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. Note: This field is required only when institutional DEA # is used to identify the prescribing practitioner.	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 situational; however, it is required when medication dispensed is a compound and one of the ingredients is a CSD reporting drug. If more than one ingredient is for a CSD 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 incremented 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
<p>AIR: Additional Information Reporting</p> <p>Use of this segment is situational; it is 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.</p> <p>Note: If this segment is used, at least one of the data elements (fields) will be required.</p>			
	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	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	RR
	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) 	RR
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	RR
	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.	RR

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.	RR
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	RR
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	RR
	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) and 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

UTAH REQUIRED ASAP 4.2 FIELDS - ONE PAGE SUMMARY

CODE	FIELD CONTENTS	UTAH	CODE	FIELD CONTENTS	UTAH
TH01	VERSION	Required	DSP01	STATUS	Required
TH02	CONTROL #	Required	DSP02	RX #	Required
TH03	TRANS TYPE		DSP03	DATE WRITTEN	Required
TH04	RESPONSE MESSAGE		DSP04	# OF REFILLS	Required
TH05	CREATION DATE (YYMMDD)	Required	DSP05	DATE FILLED	Required
TH06	CREATION TIME (HHMM)	Required	DSP06	REFILL #	Required
TH07	FILE TYPE (P Prod, T Test)	Required	DSP07	DRUG TYPE	Required
TH08	REAL-TIME ROUTING #		DSP08	DRUG ID	Required
TH09	SEGMENT TERMINATOR	Required	DSP09	QUANTITY	Required
			DSP10	DAYS SUPPLY	Required
IS01	SOURCE ID	Required	DSP11	DOSAGE	
IS02	SOURCE NAME	Required	DSP12	RX ORIGIN	
IS03	MESSAGE		DSP13	PARTIAL FILL	
			DSP14	NPI PHD	
PHA01	NPI	Required	DSP15	LIC # PHD	
PHA02	NCPDP/NABP	Required	DSP16	PAY TYPE	
PHA03	DEA #	Required	DSP17	DATE SOLD	Required
PHA04	NAME OF PHARMACY		DSP18	RXNORM TYPE	
PHA05	ADDRESS		DSP19	RXNORM CODE	
PHA06	ADDRESS 2		DSP20	EPR#	
PHA07	CITY		DSP21	EPO#	
PHA08	STATE				
PHA09	ZIP		PRE01	NPI	
PHA10	PHONE		PRE02	DEA #	Required
PHA11	CONTACT		PRE03	DEA # Suffix	
PHA12	STORE #		PRE04	STATE LIC #	
			PRE05	LAST NAME	
PAT01	ID STATE		PRE06	FIRST NAME	
PAT02	ID TYPE		PRE07	MIDDLE NAME	
PAT03	PATIENT ID		PRE08	PHONE #	
PAT04	ID STATE				
PAT05	ID TYPE			If triggered by DSP07/DSP08	
PAT06	PATIENT ID		CDI01	MAIN DRUG INGREDIENT #	Required
PAT07	LAST NAME	Required	CDI02	PRODUCT TYPE	Required
PAT08	FIRST NAME	Required	CDI03	PRODUCT ID	Required
PAT09	MIDDLE NAME		CDI04	INGREDIENT QUANTITY	Required
PAT10	PREFIX NAME		CDI05	DOSAGE	
PAT11	SUFFIX NAME				
PAT12	ADDRESS	Required	AIR01	RX STATE	
PAT13	ADDRESS 2		AIR02	STATE RX #	
PAT14	CITY	Required	AIR03	ID STATE	Required
PAT15	STATE		AIR04	ID TYPE	Required
PAT16	ZIP	Required	AIR05	PATIENT ID	Required
PAT17	PHONE		AIR06	RELATIONSHIP CODE	
PAT18	DOB	Required	AIR07	LAST NAME	Required
PAT19	GENDER		AIR08	FIRST NAME	Required
PAT20	SPECIES		AIR09	PHD LAST NAME	Required
PAT21	LOCATION		AIR10	PHD FIRST NAME	Required
PAT22	COUNTRY		AIR11	FDROPP OFF OR PICK UP	
PAT23	ANIMAL NAME				
			TP01	# OF DETAIL FIELDS	Required
			TT01	CONTROL # (See TH02)	Required
			TT02	SEGMENT COUNT	Required

Appendix B: Zero Report Specifications

The information on the following pages contains the definitions for the specific contents required by the American Society for Automation in Pharmacy (ASAP) to comply with zero dispense reporting for the Utah CSD.

The Zero Report specification is a complete transaction that includes the information that would normally be sent with a batch file filled out as it would be for reporting the dispensing of controlled substances. However, for the detail segments, while all the segments and data elements that are required by the Utah CSD are sent, only the Patient First Name, Last Name, and Date Filled fields are populated. The values populating these fields are:

1. First Name = Zero
2. Last Name = Report
3. Date Filled = Date that the report is sent

All other fields in the detail segments would be left blank. The following elements are used in each submitted file:

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

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription Drug Monitoring Programs Zero Reports*.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	S
	TH04	Response ID	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 P = Production	R
	TH08	Routing Number	S
	TH09	Segment Terminator Character TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
IS: Information Source			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number.	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Enter the date range in the following format: #ccyymmdd#- #ccyymmdd#~.	R
PHA: Pharmacy Header			
Used to identify the pharmacy.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	RR
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	RR
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR

Segment	Field ID	Field Name	Field Usage	
PAT: Patient Information				
Used to report the patient's name and basic information as contained in the pharmacy record.				
S	PAT01	ID Qualifier of Patient Identifier	S	
	PAT02	ID Qualifier	S	
	PAT03	ID of Patient	S	
	PAT04	ID Qualifier of Additional Patient Identifier	S	
	PAT05	Additional Patient ID Qualifier	S	
	PAT06	Additional ID	S	
	PAT07	Last Name Required value = Report	R	
	PAT08	First Name Required value = Zero	R	
	PAT09	Middle Name	S	
	PAT10	Name Prefix	S	
	PAT11	Name Suffix	S	
	PAT12	Address Information – 1	S	
	PAT13	Address Information – 2	S	
	PAT14	City Address	S	
	PAT15	State Address	S	
	PAT16	ZIP Code Address	S	
	PAT17	Phone Number	S	
	PAT18	Date of Birth	S	
	PAT19	Gender Code	S	
DSP: Dispensing Record				
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.				
	DSP01	Reporting Status	S	
	DSP02	Prescription Number	S	
	DSP03	Date Written	S	
	DSP04	Refills Authorized	S	
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R	
	DSP06	Refill Number	S	
	DSP09	Quantity Dispensed	S	
	DSP10	Days Supply	S	
	PRE: Prescriber Information			
	Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI)	S	

Segment	Field ID	Field Name	Field Usage
	PRE02	DEA Number	S
TP: Pharmacy Trailer			
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			
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