



Data Submitter Reference Guide

Maryland Department of Health

Prescription Drug Monitoring Program (PDMP)



April 2019

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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 dangerous substances (CDS) in and into the State of Maryland. RxGov is the repository 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 CDS in and into Maryland. It is intended for use by all dispensers required to report their dispensing of CDS prescription drugs to Maryland's Prescription Drug Monitoring Program (PDMP).

2. Program Overview

Purpose

The Maryland Prescription Drug Monitoring Program (MD PDMP) is authorized by Health General Article, Section 21-2A-02, Annotated Code of Maryland (Chapter 166, 2011). The purpose of the MD PDMP is to reduce the non-medical use, abuse, and diversion of prescription drugs while preserving legitimate patient access to optimal pharmaceutical-assisted care. Program regulations have been promulgated under Code of Maryland Regulations (COMAR) 10.47.07.

Maryland statute gives the Maryland Department of Health (MDH) authority over the MD PDMP. The MDH Secretary has assigned oversight responsibilities to the Department's Public Health Services. MDH has partnered with Chesapeake Regional Information System for our Patients (CRISP), the designated statewide health information exchange (HIE), to design, implement, and operate core PDMP information technology (IT) services. CRISP has contracted with NIC to develop a database that will collect and store data on the prescribing and dispensing of CDS in the State. NIC's RxGov is a web-based program that facilitates the collection, analysis, and reporting of information on dispensed CDS prescriptions.

Maryland law requires each dispenser submit, by electronic means, information regarding each CDS dispensed pursuant to a prescription. Each time a CDS prescription drug is dispensed to an individual, the dispenser shall submit the required information to the central repository.

MDH and CRISP shall establish and maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as authorized by Health General Article, Section 21-2A, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 10.47.07.

3. Data Collection and Reporting Requirements

About This Chapter

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

Data Collection Requirements

The MD PDMP is required by law to monitor the prescribing and dispensing of prescription drugs that contain a Schedule II, III, IV, or V CDS as designated under Title 5, Subtitle 4 of the Criminal Law Article, Annotated Code of Maryland. With few exceptions, Maryland's CDS schedules parallel those in federal law. The state CDS permit authority within the Office of Provider Engagement and Regulation (formerly the Office of Controlled Substances Administration or OCSA) maintains a list of drugs included in the Maryland CDS schedules that are not included in the federal schedules.

Note: Additions or deletions of other drugs specified by Maryland law may happen periodically. These changes must go through the legislative process to be added or deleted. To stay informed, please refer to the list maintained on the OCSA website:
<https://health.maryland.gov/ocsa/pages/home.aspx>

Reporting Requirements

Program regulations pertaining to reporting requirements are found in COMAR 10.47.07.03.

Data Submitters

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

Dispenser Reporting

To fulfill the PDMP data collection requirement, CDS dispensers are required to electronically report data on all Schedule II, III, IV, and V CDS 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 CDS. Certain specified entities and types of drug delivery/dispensing are exempt from reporting. For more information see [Reporting Exemptions](#), below.

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.

***Note:** Physicians who have received a waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA) under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) and who are dispensing approved medications (e.g., Schedule III buprenorphine products) to patients for the treatment of opioid dependence **should not report this to the PDMP**. Even if the physician obtains patient consent for disclosure of this information to the PDMP, MDH cannot guarantee that data will be re-disclosed in compliance with the confidentiality protections for substance use disorder treatment records in Code of Federal Regulations 42, Part 2.

A dispenser may register to submit data or may authorize another individual or entity to register with and submit data to the Maryland PDMP; the dispenser retains the responsibility for meeting the data reporting requirements under Maryland law.

Reporting Exemptions

The following **types of drug delivery** are exempt from the PDMP reporting requirement:

1. Direct administration of CDS to a patient.
2. Provision of patient drug samples at no charge (in accordance with Health Occupations Article, Section 12-102(d), Annotated Code of Maryland).

Inpatient Hospice Dispensing: Pharmacies that dispense CDS to patients in an inpatient hospice facility may apply to MDH for a waiver from reporting PDMP data on dispensing to hospice inpatients. This waiver only applies to dispensing to inpatients in facilities that are currently licensed as a “general license hospice” by the MDH Office of Health Care Quality (OHQC) **AND** have a valid “Certificate of Need” issued by the Maryland Health Care Commission (MHCC). Pharmacies issued an inpatient hospice waiver will still have to report all other CDS dispensing (i.e., outpatient dispensing). To apply for a waiver, pharmacies must provide information on how they will differentiate dispensing to hospice inpatients from other dispensing required to be reported and are subject to unannounced, on-site inspections by the MDH to verify reporting on dispensing that is not to hospice inpatients. Waivers shall be effective for 2-year periods and may be renewed. The inpatient hospice waiver application form, including instructions, is available on the MD PDMP website:

<https://bha.health.maryland.gov/pdmp/Pages/PDMP-Forms.aspx>.

The following **persons or entities** are exempt from the PDMP reporting requirement:

1. Licensed hospital pharmacies* that only distribute CDS for direct administration to an inpatient of the hospital.

***Note 1:** Hospital-based pharmacies that dispense any CDS on an **outpatient basis are not exempt** from reporting and *must report* all outpatient dispensing to the PDMP. However, distribution of CDS drugs to licensed healthcare practitioners for direct administration to hospital inpatients should not be reported.

Note 2: Hospital-based outpatient dispensing of CDS drugs by healthcare practitioners (e.g., dispensing of “starter doses” to patients treated and released from an emergency department) must be reported to the PDMP. This is considered practitioner dispensing and should be reported to the PDMP under the practitioner’s DEA number.

2. Pharmacies issued a waiver permit under COMAR 10.34.17.03 (“waiver pharmacies”) that provide pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities.
3. Opioid treatment service programs that are certified under Health-General Article § 8-401 or licensed by the State under Health-General Article § 7.5–401, Annotated Code of Maryland,

and comply with Code of Federal Regulations 42, Part 8, COMAR 10.47.02.11, and requirements for the secure storage and accounting of opioid medication imposed by the federal Drug Enforcement Administration and the State Office of Controlled Substances Administration.

4. Veterinarians licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland when dispensing controlled substances for animals in the usual course of providing professional services.

Registration Requirement

All persons or entities that are not exempt from the PDMP reporting requirement are required to submit data to the Maryland PDMP. The individual or entity submitting data must complete registration with RxGov. This requirement is separate from any duty for a pharmacist or prescriber to register for clinical user access to PDMP data. In general, the registration requirement applies to:

- Pharmacies that have both a current license issued by the Maryland Board of Pharmacy **AND** a current CDS permit issued by the MDH Office of Provider Engagement and Regulation (formerly OCSA).
- Licensed healthcare practitioners that have both a current CDS permit issued by the MDH Office of Provider Engagement and Regulation (formerly OCSA) **AND** a current prescription drug dispensing permit issued by their board of licensure (including the Board of Physicians, the Board of Dental Examiners, and the Board of Podiatric Medical Examiners; the Board of Nursing does not issue dispensing permits).

Dispenser Reporting Deadlines

Dispensers must report CDS prescription drug dispensing to the MD PDMP no later than 24 hours after dispensing, including the submission of a 'Zero Report' on days when no CDS prescriptions were dispensed.

If a dispenser's report is rejected by the MD PDMP as incomplete or inaccurate, the dispenser must submit a corrected report within three (3) business days* of being notified by the MD PDMP of receipt of incomplete or inaccurate data.

If a dispenser suffers a mechanical, electrical, or other technical failure that, as a direct consequence, precludes the dispenser's ability to submit an electronic report, the dispenser must notify MDH within 24 hours of discovery of the technical failure and report data on each drug dispensed during the period of technical failure as soon as possible, but no later than 24 hours following re-establishment of the means of electronic reporting.

To report a technical failure to MDH, e-mail mdh.pdmp@maryland.gov or call (410) 402-8686.

***Note:** "Business day" means any day except Saturday, Sunday, or a holiday on which State offices are closed.

Reporting Methods and Data Standard

The MD PDMP 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 MD PDMP 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

COMAR 10.47.07.03(A) lists the specific data elements that dispensers are required to report for each Schedule II, III, IV, and V CDS 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 PDMP reporting requirement. MDH encourages dispensers to report additional information about CDS prescriptions beyond the required data elements. Supplemental information (reported in fields marked “situational”) help improve the PDMP’s ability to accurately and efficiently process data requests from pharmacists, physicians, and other authorized users.

Notes:

- **Required and conditionally required fields are shaded in the table below.** Compound-related fields 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 MD PDMP
 - “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
PHA: Pharmacy Header			
Used to identify the dispenser (i.e., pharmacy or dispensing practitioner)			
National Provider Identifier (NPI)	PHA01	Used if supplied but not required.	S
NCPDP Provider ID	PHA02	Used if supplied but not required.	S
DEA Number	PHA03	Cannot be blank. Required as the Pharmacy ID#.	R
PAT: Patient Information			
Used to report information on the person for whom the drug is prescribed.			
ID Qualifier of Patient Identifier	PAT01	Used if supplied but not required. Identifies the jurisdiction of the ID used in PAT03.	S

ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Patient ID Type	PAT02	<p>Regulations do not require that dispensers report a specific type of patient ID number. MDH encourages dispensers to collect and report numbers from State-issued IDs whenever possible, including:</p> <ul style="list-style-type: none"> ▪ 02 State Issued ID ▪ 06 Driver's License <p>ID numbers issued by the federal government are also acceptable, including:</p> <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID <p>When these are not available, the patient's payer ID number (if the patient is using a third-party payer) is preferred:</p> <ul style="list-style-type: none"> ▪ 99 Other <p>If no ID number is available from the patient, dispensers should enter a unique number assigned to that patient by the pharmacy or practice management system that can facilitate matching between a PDMP dispensing record and the dispenser's system record:</p> <ul style="list-style-type: none"> ▪ 03 Unique System ID 	RR
Patient ID Number	PAT03	Cannot be blank.	RR
Last Name	PAT07	Cannot be blank.	R
First Name	PAT08	Cannot be blank.	R
Middle Name	PAT09	Used if supplied but not required.	S
Prefix	PAT10	Used if supplied but not required.	S
Suffix	PAT11	Used if supplied but not required.	S
Address Information – 1	PAT12	<p>Cannot be blank. Include house/apartment/building number and street name.</p> <p>Note: This should not be a P.O. Box; it must be a residential address.</p>	R
City Address	PAT14	Cannot be blank. Provide name of city/town.	R
State Address	PAT15	Provide U.S. Postal Service state code.	RR
ZIP Code Address	PAT16	Provide U.S. Postal Service ZIP code. Enter all zeros if patient residence is outside the United States.	R
Phone Number	PAT17	Include the 3-digit area code.	RR

ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Date of Birth	PAT18	CCYYMMDD format.	R
Gender Code	PAT19	F = Female; M = Male; U = Unknown	RR
Species Code	PAT20	Use when dispensing a drug intended to be used by an animal. <ul style="list-style-type: none"> ▪ 01 Human ▪ 02 Veterinary Patient 	S
Country of Non-U.S. Resident	PAT22	Used when patient is not a U.S. resident.	S
DSP: Dispensing Record			
Used to report information about the prescription and drug dispensed.			
Reporting Status	DSP01	Requires one of the following codes: <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 PDMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	RR
Prescription Number	DSP02	Cannot be blank.	R
Date Written	DSP03	Cannot be blank. CCYYMMDD format.	R
Refills Authorized	DSP04	Cannot be blank. # of refills authorized.	R
Date Filled	DSP05	Cannot be blank. CCYYMMDD format.	R
Refill Number	DSP06	Cannot be blank. 0 = first fill; 01-99 = refill number.	R
Product ID Qualifier	DSP07	<ul style="list-style-type: none"> ▪ Use 01 to indicate State-required National Drug Code (NDC) ▪ Use 06 to indicate compound drug. 	R
Product ID	DSP08	Cannot be blank. NDC is required in this field. Note: Compound drug ID numbers will be entered in the CDI fields. Please see the full ASAP 4.2 specifications for instructions on ASAP-required CDI fields when reporting compound drugs.	R
Quantity Dispensed	DSP09	Can be blank.	R

ASAP 4.2 Field Name	ASAP 4.2 Field ID	Comments	Field Usage
Days Supply	DSP10	Estimation	R
Partial Fill Indicator	DSP13	Used if supplied but not required. 01 = Partial Fill; 02 = Not a Partial Fill	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
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 	RR
Date Sold	DSP17	Used if supplied but not required. Date drug was picked up by recipient.	S
Electronic Prescription Reference Number	DSP20	Used if supplied but not required.	S
PRE: Prescriber Information Used to identify the prescriber.			
National Provider Identifier (NPI)	PRE01	Used if supplied but not required.	S
DEA Number	PRE02	Cannot be blank. Required as Prescriber ID.	R
DEA Number Suffix	PRE03	Suffix assigned to an individual prescriber by an institution when the institution's DEA # is used. This field is required only when institutional DEA # is used to identify the prescribing practitioner.	RR
Prescriber State License Number	PRE04	Used if supplied but not required.	S
Last Name	PRE05	Cannot be blank.	RR

Reporting Noncompliance

Per Health-General Article, § 21-2A-09(A), Annotated Code of Maryland, a dispenser who knowingly fails to submit prescription monitoring data to the MD PDMP as required by law shall be subject to a civil penalty not exceeding \$500 for each failure to submit required information.

Zero Reports

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

Reporting Waiver

The MD PDMP does not issue blanket waivers from the dispenser reporting requirement. All pharmacies and practitioners that dispense CDS in the State and do not qualify for one of the exemptions previously detailed in Reporting Exemptions must register with and report to the program.

However, dispensers that have experienced an unforeseen technical failure or other problem that prevents them from meeting the reporting requirement for a temporary time may apply to MDH for a temporary waiver from the reporting deadline. Dispensers should only apply for a waiver when they continue to dispense CDS, but electronic reporting is not possible and the problem that prevents reporting is likely to persist beyond the reporting deadline. The notification requirement referenced in Dispenser Reporting Deadlines is still in effect for dispensers that have applied for and/or been granted a temporary waiver. The temporary waiver application form is available on the MD PDMP website: <https://bha.health.maryland.gov/pdmp/Pages/PDMP-Forms.aspx>.

4. Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the MD PDMP.

Timeline and Requirements

Upon receipt of this guide, dispensers and software vendors serving as data submitters can establish submission accounts by accessing <https://mdpdmp.rxgov.com>. If you had an account with the prior MD PDMP data collection vendor, your account has been migrated to RxGov. You can claim your account by entering your existing username and password in the username and password fields in RxGov. After entering your old password, you must enter a new password. If you are creating a new account, instructions are provided in the **Creating Your Account** topic in this chapter.

Reporting of Retroactive Dispensing Data

If you have any gaps in your data submission history to the MD PDMP, MDH requests that, to the extent current technology allows, dispensers retroactively report data on CDS prescription drugs dispensed starting January 1, 2013 or the date the dispenser began dispensing CDS prescriptions, whichever is later.

Dispensers should report all available information from the fields identified in the Required Prescription Information section shown above. Retroactive reporting ensures that the MD PDMP database has a complete a history of CDS prescriptions as possible.

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.

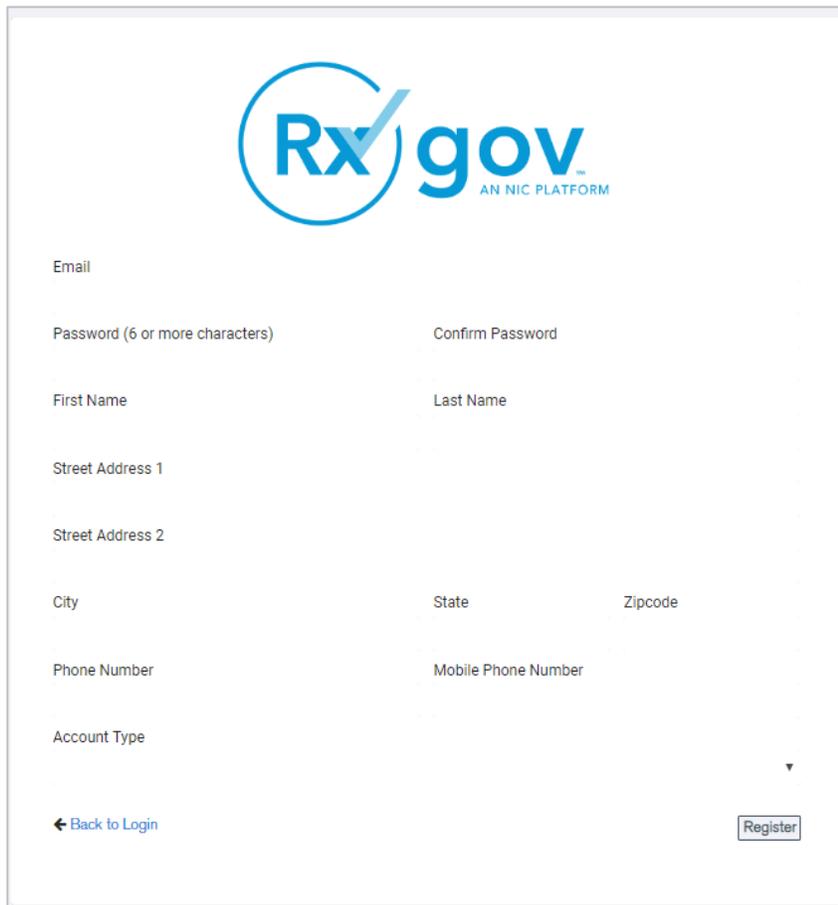
Creating Your Account

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.

If you had an account with the previous MD PDMP vendor, it was migrated to RxGov. To claim your account user migration, enter your existing username and your old password in the username and password fields. After entering your old password, you must enter a new password. Account creation is available for data submitters starting in April 2019.

Note: Dispensing data from multiple pharmacies can be submitted in the same file. For example, chain pharmacies may send in one file containing CDS dispensing information for all their pharmacies licensed in the state of Maryland. **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 (6 or more characters), Confirm Password, First Name, Last Name, Street Address 1, Street Address 2, City, State, Zipcode, Phone Number, and Mobile Phone Number. There is also a dropdown menu for Account Type. At the bottom left is a link for '← Back to Login' and at the bottom right is a 'Register' button.

1. Go to <https://mdpdmp.rxgov.com>.
2. On the RxGov home page, click **Register**.
3. Enter the following required information:
 - a. Email
 - 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** and **DEA number(s)** for 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.

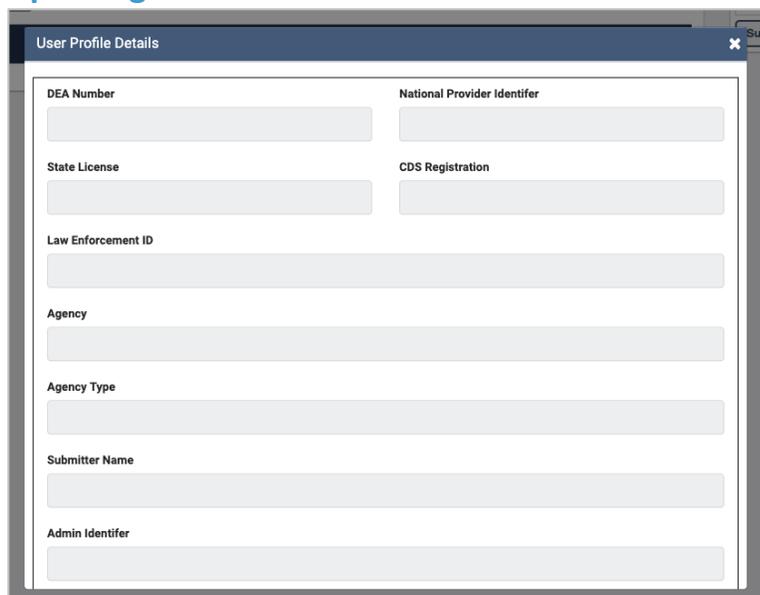
Modifying Your Account

Changing Your Password

Complete the following steps to update your password:

1. Log on to RxGov: <https://mdpdmp.rxgov.com>.
2. On the top menu bar, click **your username**.
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 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: <https://mdpdmp.rxgov.com>.
2. On the top menu bar, click **your username**.
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: <https://mdpdmp.rxgov.com>.
2. On the top menu bar, click **your username**.
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**.

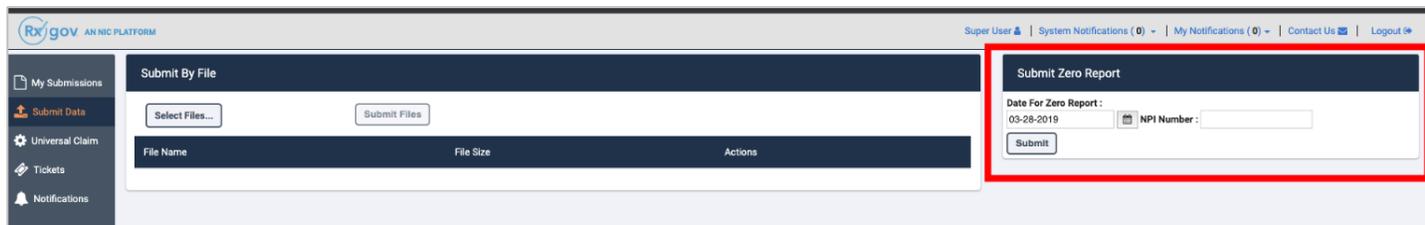
Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding 24 hours, you are required to report this information to the MD PDMP.

Report Zero Activity

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

Complete the following steps to submit a Zero Report:



The screenshot shows the RxGov AN NIC PLATFORM interface. On the left is a navigation menu with options: My Submissions, Submit Data, Universal Claim, Tickets, and Notifications. The main content area is titled 'Submit By File' and contains a 'Select Files...' button, a 'Submit Files' button, and a table with columns for File Name, File Size, and Actions. On the right, a 'Submit Zero Report' form is highlighted with a red border. This form includes a 'Date For Zero Report' field with the value '03-28-2019', an 'NPI Number' field, and a 'Submit' button.

1. Log into RxGov: <https://mdpdmp.rxgov.com>.
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. 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: <https://mdpdmp.rxgov.com>.
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).

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Secure FTP over SSH

There are many free software products that support Secure FTP. Neither MDH 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>) has 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: `sftp://sftp-mdpdmp.rxgov.com`.
4. When prompted, type your data submitter credentials.
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: <https://mdpdmp.rxgov.com>.
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 MD PDMP 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 the 'Universal Claim' form in the RxGov AN NIC PLATFORM. The form is divided into three steps: Pharmacy, Patient, and Dispense. The Pharmacy step is currently active. The form contains several input fields: National Provider Identifier (NPI), NCPDP/NABP Provider ID, DEA Number, Pharmacy Name, Address Information - 1 (City Address, State Address, ZIP Code Address), Address Information - 2 (City Address, State Address, ZIP Code Address), 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. A red error message is visible: 'Error! Please enter a value for at least one of the above identifier fields'.

1. Log on to RxGov: <https://mdpdmp.rxgov.com>.
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
 - 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. State Address
 - f. ZIP Code Address
 - g. Phone Number
 - h. Date of Birth
 - i. Gender Code

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

- j. Middle Name
- k. Name Prefix
- l. Name Suffix
- 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 entering patient information. The steps are: 1. Pharmacy, 2. Patient (active), and 3. Dispense. The Patient step includes the following fields:

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

Navigation buttons for 'Previous' and 'Next' are located at the bottom right of the form.

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

The screenshot shows the Dispense page with a table for recording dispensed prescriptions. The table has the following columns:

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

Buttons for '+ Add Dispense', 'Previous', and 'Submit Universal Form' are visible at the bottom of the page.

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. Classification Code for Payment Type

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. Date Sold
- r. RxNorm Product Qualifier
- s. RxNorm Code
- t. Electronic Prescription Reference Number
- u. Electronic Prescription Order Number

Super User | Sys

1 Pharmacy 2 Patient 3 Dispense

1 2 3 4
Dispense Prescriber Additional Information Compound Drug Information

Reporting Status
--Select--

Refills Authorized
[Text Input]

Product ID Qualifier
--Select--

Days Supply
[Text Input]

Partial Fill Indicator
[Text Input]

Classification Code for Payment Type
--Select--

RxNorm Code
[Text Input]

Prescription Number
[Text Input]

Date Filled
mm/dd/yyyy

Product ID
[Text Input]

Drug Dosage Units Code
--Select--

Pharmacist National Provider Identifier (NPI)
[Text Input]

Date Sold
mm/dd/yyyy

Electronic Prescription Reference Number
[Text Input]

Date Written
mm/dd/yyyy

Refill Number
[Text Input]

Quantity Dispensed
[Text Input]

Transmission Form of Rx Origin Code
--Select--

Pharmacist State License Number
[Text Input]

RxNorm Product Qualifier
--Select--

Electronic Prescription Order Number
[Text Input]

Next

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

10. On the Prescriber page, enter the following required information:
 - a. DEA Number
 - b. DEA Number Suffix
 - c. Last Name

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

- d. National Provider Identifier (NPI)
- e. Prescriber State License Number
- f. First Name
- g. Middle Name
- h. Phone Number

The screenshot shows a web form titled 'Prescriber' as part of a four-step process. The steps are: 1. Dispense, 2. Prescriber (current step), 3. Additional Information, and 4. Compound Drug Information. The form contains the following fields:

- National Provider Identifier (NPI)
- DEA Number
- DEA Number Suffix
- Prescriber State License Number
- Last Name
- First Name
- Middle Name
- Phone Number

Navigation buttons for 'Previous' and 'Next' are located at the bottom right of the form area.

11. When all the available information is entered, click **Next**.
12. On the Additional Information page, enter the as much of the following optional data that is available:
 - a. State Issuing Rx Serial Number
 - b. State Issued Rx Serial Number
 - c. ID Issuing Jurisdiction
 - d. ID Qualifier of Person Dropping Off or Picking Up Rx
 - e. First Name of Person Dropping Off or Picking Up Rx
 - f. Last Name or Initials of Pharmacist
 - g. First Name of Pharmacist
 - h. 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
<input type="text"/>	<input type="button" value="Add"/>				

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 indicator: 1 Pharmacy, 2 Patient, 3 Dispense (3 is active)

+ Add Dispense

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

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 shows the RxGov Submission History interface. 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 displays submission data:

File Name	# of Dispenses	# of Errors	# of Warnings	Date	Age (days)	Resolved?
20190226.dat	188	0	0	Mar 12, 2019, 2:03:53 PM	0	N/A

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: <https://mdpdmp.rxgov.com>.
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: <https://mdpdmp.rxgov.com>.
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. PHA03 (DEA Provider ID)
 - b. DSP02 (Prescription Number)
 - c. DSP05 (Date Filled)
3. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
4. Submit the record.

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 NIC Support 24 hours a day by calling (844) 767-4767. You can also email the NIC RxGov Support at rxgovsupport@egov.com. Please note, email is monitored from 8 a.m. to 8 p.m. Eastern time Monday through Friday.

Administrative Assistance

If you have non-technical questions regarding the Maryland PDMP, please email mdh.pdmp@maryland.gov or call (410) 402-8686.

8. Glossary

ASAP

American Society for Automation in Pharmacy

Batch

Group of files (report or query requests) that are processed in the background while other work is continued

CRISP

Chesapeake Regional Information System for our Patients

Data Submitter

A user that submits a data file containing controlled substance dispensing information

Dispense

The procedure that results in the receipt of a prescription or nonprescription drug or device by a patient or the patient's agent, and which entails the:

1. Interpretation of an authorized prescriber's prescription for a drug or device;
2. Selection and labeling of the drug or device prescribed pursuant to that prescription; and
3. Measuring and packaging of the prescribed drug or device in accordance with State and federal laws

Dispenser

A person authorized by law to dispense a monitored prescription drug to a patient or a patient's agent in the State, including a nonresident pharmacy so authorized

FTP

File Transfer Protocol; commonly-used protocol for exchanging files over any network

MDH

Maryland Department of Health

NDC

National Drug Code; describes specific drugs by drug manufacturer and package size

PDMP

Prescription Drug Monitoring Program

Prescriber

A practitioner who is:

1. Lawfully authorized to prescribe a monitored prescription drug; and
2. Registered with:
 - a. The federal Drug Enforcement Administration in accordance with 21 USC 822 Part C and 21 CFR Part 1301; and
 - b. For those practitioners licensed to practice in the State, the State Division of Drug Control in accordance with Criminal Law Article, §5-301 et seq., Annotated Code of Maryland and COMAR 10.19.03.03

RxGov

Prescription drug monitoring system owned by NIC, Inc.

SFTP

Secure File Transfer Protocol (also referred to as "SSH File Transfer Protocol"); provides file transfer and manipulation functionality over any reliable data stream

SSL

Secure Sockets Layer; cryptographic protocol that provides secure communications for data transfers

Universal Claim Form (UCF)

Electronic form used by a pharmacy that has internet access but is unable to submit its data in a batch submission

9. Document Information

Version History

The Version History records the publication history of this document.

Publication Date	Version Number	Comments
4/1/2019	2.11	Initial publication

Table 1 – Document Version History

Change Log

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

Version Number	Chapter/Section	Change
2.11	N/A	N/A

Table 2 – Document Change Log

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 Maryland Prescription Drug Monitoring Program'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 MD PDMP
- 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) 	R
	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 PDMP 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.	S
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	Pharmacy 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 PDMP 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) 	RR
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	RR
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PDMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PDMP 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 PDMP 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.	RR
	PAT08	First Name Patient's first name.	RR
	PAT09	Middle Name Patient's middle name or initial if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S

Segment	Field ID	Field Name	Field Usage
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	S
	PAT12	Address Information – 1 Free-form text for street address information.	RR
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	RR
	PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	Phone Number Complete phone number including area code.	RR
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> ▪ F Female ▪ M Male ▪ U Unknown 	RR
	PAT20	Species Code Used if required by the PDMP 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 PDMP 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 PDMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment) 	RR
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	Days' Supply Estimated number of days the medication will last.	RR
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> ▪ 01 Each ▪ 02 Milliliters (ml) ▪ 03 Grams (gm) 	S
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> ▪ 01 Written Prescription ▪ 02 Telephone Prescription ▪ 03 Telephone Emergency Prescription ▪ 04 Fax Prescription ▪ 05 Electronic Prescription ▪ 99 Other 	S
	DSP13	Partial Fill Indicator Used when the quantity 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 	RR
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	RxNorm Product Qualifier <ul style="list-style-type: none"> ▪ 01 Semantic Clinical Drug (SCD) ▪ 02 Semantic Branded Drug (SBD) ▪ 03 Generic Package (GPCK) ▪ 04 Branded Package (BPCK) Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP20	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
	DSP21	Electronic Prescription Order Number Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
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).	RR
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. Note: This field is required only when institutional DEA # is used to identify the prescribing practitioner.	RR
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	RR
	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 PDMP reporting drug. If more than one ingredient is for a PDMP 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. 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	S
AIR: Additional Information Reporting			
Use of this segment is 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.			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	S
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> ▪ 01 Patient ▪ 02 Parent/Legal Guardian ▪ 03 Spouse ▪ 04 Caregiver ▪ 99 Other 	S
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S

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

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 MD PDMP.

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 MD PDMP 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	R
	TH04	Response ID	N
	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	N
	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: #yyyymmdd#- #yyyymmdd#~.	R
PHA: Pharmacy Header			
Used to identify the pharmacy.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R

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.			
	PAT01	ID Qualifier of Patient Identifier	N
	PAT02	ID Qualifier	N
	PAT03	ID of Patient	N
	PAT04	ID Qualifier of Additional Patient Identifier	N
	PAT05	Additional Patient ID Qualifier	N
	PAT06	Additional ID	N
	PAT07	Last Name Required value = Report	R
	PAT08	First Name Required value = Zero	R
	PAT09	Middle Name	N
	PAT10	Name Prefix	N
	PAT11	Name Suffix	N
	PAT12	Address Information – 1	N
	PAT13	Address Information – 2	N
	PAT14	City Address	N
	PAT15	State Address	N
	PAT16	ZIP Code Address	N
	PAT17	Phone Number	N
	PAT18	Date of Birth	N
	PAT19	Gender Code	N
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	N
	DSP02	Prescription Number	N
	DSP03	Date Written	N
	DSP04	Refills Authorized	N
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
	DSP06	Refill Number	N
	DSP09	Quantity Dispensed	N
	DSP10	Days Supply	N
PRE: Prescriber Information			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI)	N

Segment	Field ID	Field Name	Field Usage
	PRE02	DEA Number	N
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