UTAH'S CONTROLLED SUBSTANCE DATABASE PROGRAM (CSD)
Reporting Requirements ASAP 4.2 - Utah IT 4.2 Specs effective 10/01/2017
ASAP ~ Ver. 4 - Rel. 2 Implementation Guide Book can be acquired thru ASAP Ph: (610) 825-7783 www.asapnet.org

		Core Reporting Segments			4.2 Standard			UTAH'S IT SPECS	COMMENTS
Header									
	TH - Transaction Header				Required			Required	
	IS - Information Source				Required			Required	
	PHA - Pharmacy Header				Required			Required	
Detail									
	PAT - Patient Information				Required			Required	
	DSP - Dispensing Record				Required			Required	
	PRE - Prescriber Information				Required			Required	
	CDI - Compound Drug Ingredient Detail				Situational***				Situational unless values are supplied in CDI01 thru 05
	AIR - Additional Information Reporting				Situational***			Required	Per Utah spec's AIR Segment is Required
Summary									
	TP - Pharmacy Trailer				Required			Required	
	TT - Transaction Trailer				Required			Required	
HEADER SEGMENTS		DATA ELEMENT NAME			REQUIREMENT	ATTRIBUTES	LENGTH		
	Transaction Header - TH				Required			Required	
	Information Source - IS				Required			Required	
	Pharmacy Header - PHA				Required			Required	
					ASAP 4.2 SPECS				
TH - Transaction Header									
	TH01		Version / Release Number		Required	AN	4	Required	
	TH02		Transaction Control Number		Required	AN	40	Required	
	TH03		Transaction Type		Situational	N	2		
			01 Send, 02 Acknwldg, 03 Error, 04 Void						
	TH04		Response ID		Situational	AN	40		
	TH05		Creation Date, format: CCYYMMDD		Required	DT	8	Required	
	TH06		Creation Time, format: HHMMSS or HHMM		Required	TM	6	Required	
	TH07		File Type		Required	AN	1	Required	
			P = Production, T = Test						
	TH08		Routing Number		Situational	N	6		
	TH09		Segment Terminator Character		Required	AN	1	Required	

IS - Information Source								
	IS01		Unique Information Source ID		**Required**	AN	10	**Required**	(Example: Phone number. However, if a phone number is used to populate this field, do not include hyphens.)
	IS02		Information Source Entity Name		**Required**	AN	60	**Required**	
	IS03		Message		Situational	AN	60		
PHA - Pharmacy Header								
	PHA01		National Provider Number (NPI)		Situational	AN	10		
	PHA02		NCPDP/NABP Provider ID		**Situational***	AN	7	**Required=IF**	**Per Utah's spec's NABP number is required in PHA02 unless PHA03 is provided**
	PHA03		DEA Number		**Situational***	AN	9	**Required=IF**	**Per Utah's spec's DEA number is required in PHA03 unless PHA02 is provided**
	PHA04		Pharmacy or Dispensing Prescriber Name		Situational	AN	60		
	PHA05		Address Information - 1		Situational	AN	30		
	PHA06		Address Information - 2		Situational	AN	30		
	PHA07		City Address		Situational	AN	25		
	PHA08		State Address		Situational	AN	2		
	PHA09		ZIP Code Address		Situational	AN	9		
	PHA10		Phone Number		Situational	AN	10		**Phone numbers require 10 digits, NO hyphens**
	PHA11		Contact Name		Situational	AN	30		
	PHA12		Chain Site ID		Situational	AN	10		
DETAIL SEGMENTS								
	Patient Information - PAT				**Required**			**Required**	
	Dispensing Record - DSP				**Required**			**Required**	
	Prescriber Information - PRE				**Required**			**Required**	
	Compound Drug Ingredient Detail - CDI				Situational***				Situational unless values are supplied in CDI01 thru 05
	Additional Information Reporting - AIR				Situational***			**Required**	**Per Utah spec's AIR Segment is Required, AIR03, 04, 05, 07, 08, 09, 10**

PAT - Patient Information									
	PAT01		ID Qualifier of Patient Identifier		Situational***	AN	2		
			See Appendix A: ASAP 4.2 Guide						**NOTE: If providing PAT01, 02 or 03 then all three are required**
	PAT02		ID Qualifier		Situational***	N	2		
			01 Military, 02 State Issued, 03 Unique System, 04 Green Card, 05 Passport, 06 Driver's License, 07 Soc. Sec., 08 Tribal, 99 Other						
	PAT03		ID of Patient		Situational***	AN	20		
	PAT04		ID Qualifier of Additional Patient Identifier		Situational***	N	2		
			See Appendix A: ASAP 4.2 Guide						**NOTE: If providing PAT04, 05 or 06 then all three are required**
	PAT05		Additional Patient ID Qualifier		Situational***	AN	2		
			01 Military, 02 State Issued, 03 Unique System, 04 Green Card, 05 Passport, 06 Driver's License, 07 Soc. Sec., 08 Tribal, 99 Other						
	PAT06		Additional ID		Situational***	AN	20		
	PAT07		Last Name		**Required**	AN	50	**Required**	
	PAT08		First Name		**Required**	AN	50	**Required**	
	PAT09		Middle Name		Situational	AN	30		
	PAT10		Name Prefix		Situational	AN	10		
	PAT11		Name Suffix		Situational	AN	10		
	PAT12		Address Information - 1		**Required**	AN	35	**Required**	
	PAT13		Address Information - 2		Situational	AN	35		
	PAT14		City Address (Name)		**Required**	AN	20	**Required**	
	PAT15		State Address (Name)		Situational	AN	10		
	PAT16		ZIP Code Address		**Required**	AN	9	**Required**	
	PAT17		Phone Number		Situational	AN	10		**Phone numbers require 10 digits, NO hyphens**
	PAT18		Date of Birth, format: ccyymmdd		**Required**	DT	8	**Required**	
	PAT19		Gender Code: F = Female, M = Male, U = Unknown		Situational	AN	1		
	PAT20		Species Code: 01 = Human, 02 = Veterinary Patient		Situational	N	2		
	PAT21		Patient Location Code		Situational	N	2		
			01 Home, 02 Intermediary, 03 Nursing, 04 Long Term, 05 Rest Home, 06 Boarding, 07 Skilled-Care, 08 Sub-Acute, 09 Acute-Care, 10 Outpatient, 11 Hospice, 98 Unknown						
	PAT22		Country of Non-U.S. Resident		Situational***	AN	20		**NOTE: If value entered into PAT22 then PAT12 thru PAT16 must be null**
	PAT23		Name of Animal		Situational	AN	30		

DSP - Dispensing Record									
	DSP01		Reporting Status			**Required**	N	2	**Required**	
				00 New, 01 Revise, 02 Void						
	DSP02		Prescription Number			**Required**	AN	25	**Required**	
	DSP03		Date Written, format: ccyymmdd			**Required**	DT	8	**Required**	
	DSP04		Refills Authorized			**Required**	N	2	**Required**	
	DSP05		Date Filled, format: ccyymmdd			**Required**	DT	8	**Required**	
	DSP06		Refill Number, format: 0 = Original Rx; 01-99 = Refill #			**Required**	N	2	**Required**	
	DSP07		Product ID Qualifier			**Required**	N	2	**Required**	
				01 NDC, 02 UPC, 03 HRI, 04 UPN, 05 DIN, 06 Compound						
	DSP08		Product ID			**Required**	AN	15	**Required**	**FDA approved NDC number; componded drug activates CDI segment**
	DSP09		Quantity Dispensed			**Required**	D	11	**Required**	
				See Appendix B: ASAP 4.2 Guide						
	DSP10		Days Supply			**Required**	N	3	**Required**	
	DSP11		Dosage Units Code			Situational	N	2		
	DSP12		Transmission Form of Rx Origin Code			Situational	N	2		
	DSP13		Partial Fill Indicator			Situational	N	2		
	DSP14		Pharmacist National Provider Identifier (NPI)			Situational	AN	10		
	DSP15		Pharmacist State License Number			Situational	AN	10		
	DSP16		Classification Code for Payment Type			Situational	N	2		
	DSP17		Date Sold	CCYYMMDD		Situational***	DT	8	**Required**	**Per Utah spec's DSP17 Element is Required**
	DSP18		RxNorm Product Qualifier			Situational	N	2		
	DSP19		RxNorm Code			Situational	AN	15		
	DSP20		Electronic Prescription Reference Number			Situational	AN	35		
	DSP21		Electronic Prescription Order Number			Situational	AN	35		
PRE - Prescriber Information									
	PRE01		National Provider Identifier (NPI)			Situational	AN	10		
	PRE02		DEA Number			**Required**	AN	9	**Required**	
	PRE03		DEA Number Suffix			Situational	AN	7		
	PRE04		Prescriber State License Number			Situational	AN	20		
	PRE05		Last Name			Situational	AN	50		
	PRE06		First Name			Situational	AN	50		
	PRE07		Middle Name			Situational	AN	30		
	PRE08		Phone Number			Situational	N	10		**Phone numbers require 10 digits, NO hyphens**

CDI - Compound Drug Ingredient Detail

CDI01		Cmpd Drug Ingrdnt Sequence Number		**Required**	N	2	**Required**	
CDI02		Product ID Qualifier		**Required**	N	2	**Required**	**NOTE: CDI02 cannot = 06**
		01=NDC, 02=UPC, 03= HRI, 04=UPN, 05=DIN						
CDI03		Product ID		**Required**	AN	15	**Required**	
CDI04		Cmpd Ingrdnt Quantity		**Required**	D	11	**Required**	
CDI05		Cmpd Drug Dosage		Situational	N	2		

AIR - Additional Information Reporting

AIR01		State Issuing Rx Serial Number		Situational	AN	2		
AIR02		State Issued Rx Serial Number		Situational	AN	20		
AIR03		ID Issuing Jurisdiction		**Situational***	AN	2	**Required**	**Per Utah spec's AIR03 Element is Required**
AIR04		ID Qualifier of Person Dropping Off or Picking Up Rx		**Situational***	N	2	**Required**	**Per Utah spec's AIR04 Element is Required**
		01 Military, 02 State Issued, 03 Unique System, 04 Green Card, 05 Passport, 06 Driver's License, 07 Soc. Sec., 08 Tribal, 99 Other						
AIR05		ID of Person Dropping Off or Picking Up Rx		**Situational***	AN	20	**Required**	**Per Utah spec's AIR05 Element is Required**
AIR06		Relationship of Person Dropping Off or Picking Up Rx		Situational	N	2		
		01 Patient, 02 Parent, 03 Spouse, 04 Cargiver, 99 Other						
AIR07		Last Name of Person Dropping Off or Picking Up Rx		**Situational***	AN	50	**Required**	**Per Utah spec's AIR07 Element is Required**
AIR08		First Name of Person Dropping Off or Picking Up Rx		**Situational***	AN	50	**Required**	**Per Utah spec's AIR08 Element is Required**
AIR09		Last Name or Initials of Pharmacist		**Situational***	AN	50	**Required**	**Per Utah spec's AIR09 Element is Required**
AIR10		First Name of Pharmacist		**Situational***	AN	50	**Required**	**Per Utah spec's AIR10 Element is Required**
AIR11		Dropping Off/Picking Up Identifier Qualifier		Situational	N	2		

SUMMARY SEGMENTS

Pharmacy Trailer - PT				**Required**			**Required**
Transaction Trailer - TT				**Required**			**Required**

TP - Pharmacy Trailer

TP01		Detail Segment Count		**Required**	N	10	**Required**

TT - Transaction Trailer

TT01		Transaction Control Number		**Required**	AN	40	**Required**
TT02		Segment Count		**Required**	N	10	**Required**

OTHER REQUIREMENTS								
	1 - File must be an ASCII text file							
	2 - Compile and submit data using the Date Sold field (DSP17)							
	3 - Submit data in chronological order by Date Filled (DSP05)							
	4 - Date/Time stamp (ccyymmddhhmmss) should be part of the file name, along with NABP or DEA number							
	5 - Use the vertical bar (**|**) as a delimiter if an asterisk (*) is part of any record							
	6 - The IT specs listed in column K must be adhered to when submitting a file							
	7 - If a Situational field has data, it MUST meet the element requirements							
	8 - This is just a general guide, ASAP's "Implementation Guide Book" has complete Segment and Element reporting definitions and standards.							
	9 - Any errors or problems detected within the file will cause the file to be rejected. An error message report will be generated and returned to the submitter for file correction. Corrected file will need to be resubmitted within 10 days of notification.							
	10 - No change in how the file is uploaded							
	11 - ASAP ~ Ver. 4 - Rel. 2 Implementation Guide Book can be purchased thru ASAP Ph: (610) 825-7783 www.asapnet.org							