

SUBMITTER'S GUIDE TO ELECTRONIC DATA TRANSMISSION

for the



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**Department
of Health**

Bureau of Narcotic Enforcement

1-866-811-7957

www.health.ny.gov/professionals/narcotic

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1. DOCUMENT OVERVIEW

PURPOSE AND CONTENTS

This Submitter's Guide to Electronic Data Transmission (Guide), as developed by the New York State Department of Health's (NYSDOH) Bureau of Narcotic Enforcement (BNE), is a manual for the electronic submission of controlled substance prescription data to BNE for inclusion in the New York State Prescription Monitoring Program (PMP) Registry. The guide can be accessed at:

https://www.health.ny.gov/professionals/narcotic/electronic_data_transmission/docs/submitter_guide.pdf

Topics discussed within this guide include:

- Overview of the guide
- Reporting requirements and frequency
- System access
- Data submission
- Submission status review
- Record retrieval
- Error correction
- Voiding records
- Assistance and support
- File and entry specifications

DISCLAIMER

Every effort has been made to ensure the accuracy of the information contained within this guide at the time of publication. Please be advised, however, that information is subject to change without notice.

2. REPORTING REQUIREMENTS

PROGRAM AUTHORITY

Article 33 of the Public Health Law and Part 80 of Title 10 the New York Codes, Rules and Regulations require all pharmacy providers and dispensing practitioners registered within New York State to electronically submit information regarding dispensed controlled substances that fall under New York State Schedules II, III, IV and V to the New York State Department of Health (NYSDOH) in a timely and accurate manner. Such electronic filing is the responsibility of every dispenser. Data collected is securely stored within the Prescription Monitoring Program (PMP) Registry which practitioners, with limited exceptions, are required to consult prior to writing a prescription for a controlled substance that falls under Schedules II, III and IV. Pharmacists are permitted, but not required, to consult the PMP Registry prior to dispensing a controlled substance prescription. Article 3 of the Cannabis Law and underlying regulations require every practitioner to consult the PMP registry prior to issuing or editing a patient certification in the Medical Cannabis Program. Registered organizations (ROs) must report their dispensed medical cannabis products to the PMP Registry within 24 hours and must consult the Registry when dispensing medical cannabis to verify that a patient does not exceed lawful possession limits. Medical Cannabis dispensing records are only viewable by licensed NYS practitioners and pharmacists.

PROGRAM SANCTIONS

Failure of a pharmacy provider or dispensing practitioner to electronically submit information regarding dispensed controlled substances to NYSDOH is a violation of Public Health Law and regulations. Violations of Public Health Law and regulations may result in enforcement action and/or the levying of fines.

Pharmacy providers and dispensing practitioners utilizing a data submission service to transmit prescription information on their behalf remain **solely responsible for compliance with the law, regulations, and this guide.**

DATA FORMAT

Electronic submissions must adhere to the American Society for Automation in Pharmacy (ASAP) specification version 4.2, 4.2a or 4.2b. Submissions will be audited by the NYSDOH for compliance. Please see [Appendix A: Data File Specifications](#) and [Appendix C: Zero Reporting](#) for additional information regarding applicable ASAP 4.2, 4.2a or 4.2b field specifications.

Pharmacy providers, dispensing practitioners and pharmacy software vendors can purchase a copy of the full ASAP specification documentation directly from the American Society for Automation in Pharmacy at 1-610-825-7783 or visit the ASAP web site at www.asapnet.org. The New York State Department of Health is restricted from providing this document to outside entities. Review of this documentation is strongly encouraged.

Data files not meeting minimum requirements will be rejected, the submitting entity will be provided with reason(s) for the rejection, and data contained within such files will not be displayed in the PMP Registry.

FREQUENCY OF REPORTING

As required by law and regulations, pharmacy providers and dispensing practitioners must submit information regarding dispensed controlled substances that fall under New York State Schedules II, III, IV, and V to NYSDOH within **twenty-four (24) hours from the time of delivery**. Pharmacies delivering prescriptions by mail or licensed express delivery services are required to file prescription information no later than **seventy-two (72) hours after the substance was shipped** from the pharmacy.

Pharmacy providers and dispensing practitioners are responsible for checking the status of their data submissions. When a vendor submits the data on behalf of a pharmacy or practitioner, it remains the responsibility of the pharmacy or practitioner to check the status of the submissions. In the event of a full file rejection or individually erring dispensing records, the submitting pharmacy provider and dispensing practitioner are responsible for correcting the rejected submissions and resending the information within **three (3) days**.

Any dates during which no dispensing of a controlled substance occurred (e.g., store closed for a holiday, etc.) must still be reported to NYSDOH within **fourteen (14) days**. Please refer to [Chapter 4](#) and [Appendix C](#) for specific information regarding the Zero Reporting process.

3. ACCESSING THE PMP DATA COLLECTION TOOL

INTRODUCTION

The Prescription Monitoring Program (PMP) Data Collection Tool is the application used to submit controlled substance prescription dispensing data to the New York State Prescription Monitoring Program (PMP) Registry and to monitor the submitted data.

Access to the PMP Data Collection Tool is provided via the NYSDOH Health Commerce System (HCS), which is a secured internet portal. In order to gain access to the PMP Data Collection Tool users must **first** establish an HCS account, then assign appropriate controlled substance role(s) to themselves and other users.

The URL for the HCS is: <https://commerce.health.state.ny.us>

BROWSER REQUIREMENTS

For information on supported browsers and browser requirements, click Help → HCS Help → Browser/Software Help.

ESTABLISH AN HCS ACCOUNT

Pharmacist HCS Account

All NYS licensed pharmacists must obtain an HCS account using the following steps:

- Go to <https://commerce.health.state.ny.us>
- Click Sign Up Here
- System will ask "Do you hold a professional medical license issued by the New York State Department of Education?"
- If you are a NYS Licensed Medical professional, click Yes
- Follow the instructions
 - Refer to the [Quick Reference Guide](#) for further assistance

NOTE: For applicants without a NYS DMV Driver License or NYS DMV Non-Driver Photo ID, select the option "*I do not have a NYS driver license or Non-Driver Photo ID*", and follow the instructions. You will be asked to submit a paper form.

Pharmacy Associated HCS Director Account

Every pharmacy **must** have a Health Commerce System (HCS) Director associated with their pharmacy. The HCS Director is generally the pharmacy owner, manager and/or Supervising Pharmacist. It is recommended that there be more than one HCS Director established per pharmacy. To begin this process, send an email request to the BNE at narcotic@health.ny.gov (if

you are a NYS licensed pharmacist, follow the steps outlined above to obtain your HCS account prior to this step). Write "Pharmacy HCS Account Request" in the Subject line of the email.

The request must contain the following information:

- Pharmacy name
- Pharmacy mailing address
- Pharmacy phone number
- Pharmacy fax number
- Pharmacy NCPDP (NABP) Number
- Pharmacy NYS Board of Pharmacy License (Registration) Number
- Pharmacy DEA Registration Number
- Pharmacy NPI Number (if available)
- Software vendor used for data submissions (if applicable)

Also send the following for each HCS Director requested for your pharmacy:

- First Name
- Middle Name
- Last Name
- Title
- Month and Day of Birth
- Email address
- Telephone Number
- HCS Account User ID for NYS licensed pharmacists (for non-NYS licensed individuals this process will serve to establish your HCS Account User ID)

If submitting for more than one pharmacy, please provide the information above for each pharmacy. Each pharmacy is registered separately in the Health Commerce System.

If this request is for an initial account for a pharmacy chain store headquarters or software vendor, indicate this in the request.

When a request is received, the necessary HCS application forms will be emailed to the requestor. Follow the instructions in the email to fill out the forms. Retain a copy for your records. Each individual pharmacy must complete a copy of the *Participation Organization Security and Use Policy* form within the packet (Document 1 of the Security and Use Packet).

Once an account has been approved, an individual confidential PIN will be assigned and sent via United States Postal Service by the NYSDOH Commerce Accounts Management Unit (CAMU). The PIN is related to the user, not to each pharmacy enrolled. A user will receive only one PIN.

Health Commerce Coordinator and User Accounts

After the initial HCS Director account has been established and linked to the pharmacy, the HCS Director at the pharmacy may add additional Health Commerce Coordinators or Health Commerce User accounts for their pharmacy.

NOTE: Health Commerce Coordinators have the authority to request additional accounts. It is advised to limit the number of Health Commerce Coordinator accounts established for a pharmacy.

The HCS Director can generate an account for an additional Health Commerce Coordinator as follows:

- Navigate to: <https://commerce.health.state.ny.us>
- Enter the HCS User ID and password
- Click My Content → All Applications → Browse By → “C”
- Click Coord Account Tools → HCS Coordinator (this may also be found under My Applications on the left side of the HCS Home Page)
- Follow the instructions for generating the desired account type
- Click on the FAQs at the top left hand side of the screen for additional information

Dispensing Practitioner HCS Account

Dispensing practitioners, including veterinarians, shall follow the process below for establishing their HCS account.

- Go to <https://commerce.health.state.ny.us>
- Click Sign Up Here
- System will ask “Do you hold a professional medical license issued by the New York State Department of Education?”
- If you are a NYS Licensed Medical professional, click Yes
- Follow the instructions
 - Refer to the [Quick Reference Guide](#) for further assistance

NOTE: For applicants without a NYS DMV Driver License or NYS DMV Non-Driver Photo ID, select the option “*I do not have a NYS driver license or Non-Driver Photo ID*”, and follow the instructions. You will be asked to submit a paper form.

After the Health Commerce Account is established, dispensing practitioners must register their medical or veterinary practice with the Health Commerce System. Please complete the steps outlined below depending on whether you operate as a **Sole Practitioner** or as a **Medical Practice**. However, if a paper form was submitted, the option Register Medical Practice will not be displayed. You do not need to continue with the steps below, but you will need to contact CAMU at 1-866-529-1890 to register your practice.

Sole Practitioner

These steps are for applicants who are practicing under their own individual license or registration. This is not to be used for owners of a medical or veterinary practice, corporation, proprietorship, or partnership. The Sole Practitioner practices under the practitioner's individual license and registration.

1. Log in to <https://commerce.health.state.ny.us> with your new User ID and password
2. Go to My Applications → Register Medical Practice
3. Enter your Primary ID. This is your six-digit registered NYS professional license number

4. Enter your name, address, phone and fax number
5. Read the terms outlined in the Security and Use Policy (SAUP) and check the box stating that you have read and agree to these terms. Click Submit.
6. You will receive an email acknowledging your registration with the HCS and stating that your HCS Director request has been submitted to CAMU (Commerce Accounts Management Unit). Within 3-5 business days you should receive an email from "NYSDOH-Commerce-Help BML" whether your request has been accepted. Once accepted, you become an HCS Director and may request HCS accounts for your employees.

Medical Practice

These steps are for applicants who are the owner of a medical or veterinary practice, corporation, proprietorship, or partnership.

1. Log in to the <https://commerce.health.state.ny.us> with your new User ID and password
2. Go to My Applications → Register Medical Practice
3. Enter your Primary ID. This is your six-digit Professional Service Corporation (PSC) number or Company ID number. Go to <http://www.op.nysed.gov/opsearches.htm> to look up your PSC or Company ID number on the NYS Education Department (SED) website.
4. Enter the practice name, address, phone and fax number
5. Read the terms outlined in the Security and Use Policy (SAUP) and check the box stating that you have read and agree to these terms. Click Submit.
6. You will receive an email acknowledging your registration with the HCS and stating that your HCS Director request has been submitted to CAMU (Commerce Accounts Management Unit). Within 3-5 business days you should receive an email from "NYSDOH-Commerce-Help BML" whether your request has been accepted. Once accepted, you become an HCS Director and may request HCS accounts for your employees.

If you need assistance completing any of these steps, please contact CAMU at 1-866-529-1890 or email camusupp@health.ny.gov.

ROLE ASSIGNMENTS

After Health Commerce Accounts are established, the pharmacy's or dispensing practitioner's Health Commerce Director/Coordinator must then assign roles to the users (including themselves) who will:

- 1) electronically submit dispensed controlled substance data to NYSDOH, and/or
- 2) review the submission status and corresponding errors for their organization

The **Health Commerce Coordinator** is responsible for granting the roles of **Controlled Substance Prescription Data Submitter (CSPDS)** and/or **Controlled Substance Prescription Data Reviewer (CSPDR)** to other HCS account holders.

To add an HCS account holder to one or both roles, the HCS Coordinator must log into their account and take the following steps:

1. Go to My Content → All Applications → “C” → Coordinator’s Update Tool
2. Select Pharmacy or Organization → Manage Role Assignments (blue tab)



3. Click the Modify link to the right of the **Controlled Substance Prescription Data Submitter (CSPDS)** role

**Form Name:
Role Assignments**

Select a Role to Assign/Modify
for Test Medical Practice

Role Description	Person in Role?	Modify Role Assignments	Role Description	Person in Role?	Modify Role Assignments
Controlled Substance Prescription Data Reviewer (CSPDR)	No	Modify	Controlled Substance Prescription Data Submitter (CSPDS)	No	Modify
Countermeasure Data Management System (CDMS) Facility Administrator	No	Modify	EDRS Facility Staff	No	Modify
EDRS Medical Certifier	No	Modify	Electronic Prescribing Waiver (EPW) Requestor	No	Modify
Facility Cancer Reporting Submitter	No	Modify	HERDS Data Reporter	No	Modify
HPN Coordinator	No	Modify	LOCADTR	No	Modify
Physician Birth Defects Reporting	No	Modify	Physician Cancer Reporting	No	Modify

4. Type the user’s name in the Search for Person(s) by Last Name box and click Submit. HCS Coordinators must assign themselves to the **Controlled Substance Prescription Data Submitter (CSPDS)** role if they will be submitting data.
5. When the results display, click on the name of the person to whom you wish to assign a role. If the person’s name displays more than once, verify the user’s HCSID. **The name of the person you are selecting must have a valid HCS User ID next to their name. If you see N/A = No Account, do not assign roles to this account.**

1) Make the *Controlled Substance Prescription Data Submitter (CSPDS)* role non-applicable (N/A) [Make N/A](#)

-- OR --

2) Click on the check boxes next to the names of the persons you wish to assign to this role, then click on the Add Role Assignments button to add them. This list contains individuals already entered in the Communications Directory and associated with your organization.

-- OR --

3) If the person does not appear in the list above, this will be their first role assignment in this organization. Enter the last name, or the first few letters of the last name, and click Submit.

Search for Person(s) by Name

6. Click the Add Role Assignment button.
7. Repeat steps 4–7 to assign the **Controlled Substance Prescription Data Reviewer (CSPDR)** role.

It is the responsibility of the Pharmacy HCS Director or HCS Coordinator to remove the Controlled Substance Roles of persons who leave the employment in the pharmacy. To remove a user from a role, follow the steps below.

1. Click Coordinator's Update Tool
2. Select Pharmacy or Organization → Manage Role Assignments (blue tab)
3. Click the Modify link to the right of the role name you wish to remove
4. Under option 2, check the box next to the name of the person you wish to remove from the role (in this case the blank entry)

5. Click Remove Role Assignment.

IMPORTANT: For continuity of business, any entity where the change in Director/Coordinator is expected, it is strongly recommended to request a new Director/Coordinator account(s) before the existing Director/Coordinator account(s) is removed.

4. DATA SUBMISSION

ABOUT THIS CHAPTER

This chapter provides information and instructions for the electronic submission of dispensed controlled substance data to the New York State Department of Health (NYSDOH).

PROCESS OVERVIEW

Pharmacy providers and dispensing practitioners must submit data in an electronic format using one of four different methods for electronically submitting dispensing information to NYSDOH:

- Manual Entry using the PMP Data Collection Tool
- Manual File Upload using the PMP Data Collection Tool
- Unattended File Upload through the *Universal Public Health Node (UPHN Lite)* client software
- Zero Reporting

Electronic submissions must adhere to either the ASAP version 4.2, 4.2a or 4.2b specifications. See [Data File Specification](#) for additional information. The complete ASAP reference documentation is available through the American Society for Automation in Pharmacy at 1-610-825-7783 or at the ASAP web site: www.asapnet.org.

Data files not meeting minimum requirements will be rejected with one or more of the following error messages:

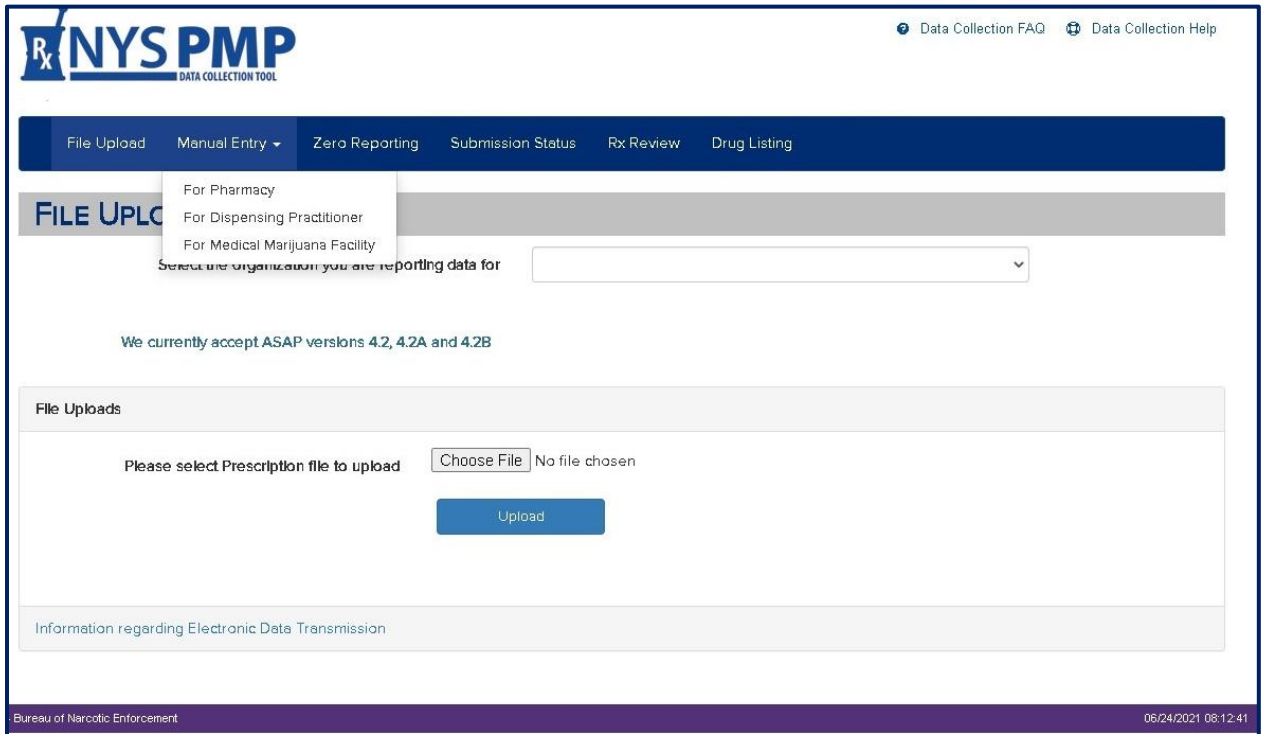
- Database Error – Database error occurred when loading the file
- Dup Tran-File – Duplicate Transaction Control Number in file
- Dup Transaction – Transaction Control Number already exists in database
- Empty File – File to upload is empty
- Format Error – ASAP formatting error in the file
- Invalid Version – Invalid ASAP version in the file
- No File SLCTD – No file selected to upload
- Org Not SLCTD – Organization to upload on behalf of was not selected
- Unknown Error – Unknown error occurred when loading the file

MANUAL ENTRY

To manually enter dispensed controlled substance data:

1. Log in to the <https://commerce.health.state.ny.us>

2. Go to My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool or select the PMP Data Collection Tool from your list of available HCS applications
3. Select the Manual Entry option on the blue menu bar
4. Choose your reporting organization type
See the screenshot below.



5. Select the reporting organization from the drop-down and enter all data elements
6. Click Submit

The Manual Entry screen will appear for the organization selected.

1. For complete data entry instructions with field descriptions, select the Click Here for Instructions on Entering Data link circled below or hover over the field label for additional information.
2. For Submission Type, select New or Correction
 - a. Select New to enter a new controlled substance dispensing record
 - b. Select Correction to enter a correction to a previously submitted controlled substance dispensing record

If any of the entered data is found to be in error after clicking Submit, the error messages will appear highlighted in red below the data elements containing the error. See the screenshot below.

If there are no errors, click Submit. The confirmation screen will then be displayed, indicating that the record was accepted (as shown below).

The screenshot shows the NYS PMP Data Collection Tool interface. At the top left is the logo with 'Rx' and 'NYS PMP DATA COLLECTION TOOL'. At the top right are links for 'Data Collection FAQ' and 'Data Collection Help'. A dark blue navigation bar contains tabs: 'File Upload', 'Manual Entry' (selected), 'Zero Reporting', 'Submission Status', 'Rx Review', and 'Drug Listing'. Below this is a grey header for 'MANUAL ENTRY FOR PHARMACY'. The main content area shows: 'You reported data for 888888-Z TEST PHARMACY 2 Corning Tower 2345', 'Manual submission is successfully processed for', and a list of identifiers: 'NABP: 5444441', 'DEA: BB999998', and 'Name: Z TEST PHARMACY 2'. It then displays 'Today's manual submission statistics for Z TEST PHARMACY 2' with a table:

Total manual submissions by John X Doe:	1
Total manual submissions by all users for Z TEST PHARMACY 2:	2

Below the table is a blue button labeled 'Submit another manual entry' and a note: 'Use this button to make another submission DO NOT use the BACK button on the browser'.

IMPORTANT: If the confirmation screen pictured above is not displayed, the record was **not** successfully submitted. Delete the browsing history, reboot the computer, and re-enter the data.

SPECIAL NOTE FOR DISPENSING VETERINARIANS: Each controlled substance dispensed must be given a unique Rx Number that is used only once for that day's dispensing. The number can be any combination of numbers or letters and may be up to 25 characters in length.

Example:

- Chart Number 123456
- 1st Rx Number for that patient for that day = 123456A
- 2nd Rx Number for that patient for that day = 123456B

MANUAL FILE UPLOAD

To upload a data file:

1. Log in to the <https://commerce.health.state.ny.us>
2. Go to My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool or select the PMP Data Collection Tool from your list of available HCS applications
3. Click on the File Upload tab. The screen pictured below will display.
4. Choose your reporting organization type
5. Click the Browse button to select your locally stored data file
6. Click the Upload button when finished

7. If there are no errors, the confirmation screen shown below will be displayed after the user clicks Submit, indicating that the file was accepted for processing.

If the submitted file contains any fatal errors the entire file will be rejected. The rejection screen is pictured below. Important information about the fatal error(s) will be displayed. If this occurs, the software vendor may need to make modifications to the format of the file before resubmitting it. The two most common reasons for a rejected file are: a duplicate transaction control number in the header and footer segments, or a file that does not conform to the ASAP Version 4.2, 4.2a or 4.2b format requirements.

NYS PMP
DATA COLLECTION TOOL

Data Collection FAQ | Data Collection Help

File Upload | Manual Entry | Zero Reporting | Submission Status | Rx Review | Drug Listing

FILE UPLOAD

You are reporting data for: 888888 - Z TEST PHARMACY 2 Corning Tower 2345

We currently accept ASAP versions 4.2, 4.2A and 4.2B

File Uploads

Please select Prescription file to upload: No file chosen

There were fatal errors. This submission is not accepted!

```
File Name: ASAP42B_test_in_good_CR_2.txt
File Size(Bytes): 1143
Submission#: 1
Line#: 1
Segment#: 1

TH      4.2B      123456-a      01          20000122      1521      P

Header Segment(TH) Error: Transaction control number (123456-a) already exists in the database

This error is probably due to an incorrectly formatted file. Please forward this message to your vendor/programmer.
They should refer to the ASAP version 4.2B Implementation Guide and the Bureau of Narcotic Enforcement 2008 EDT Manual to resolve this problem.
```

Important: If this error message contains any patient confidential information, DO NOT screenshot or copy it in any form.
Please contact helpdesk @ 1-866-811-7957

UNATTENDED FILE UPLOAD

Pharmacy providers and dispensing practitioners have the option to automate submission of their dispensed controlled substance data to NYSDOH by using NYSDOH's Universal Public Health Node (UPHN Lite) client software.

UPHN Lite software is the **only** protocol supported by NYSDOH for the secure unattended transmission of data from providers required to submit data to NYSDOH. Other file transfer protocols such as FTP, SFTP, and SSH are not supported.

It is important to note that the status of automated submissions and the error reports must be monitored routinely by accessing the PMP Data Collection Tool → Submission Status tab. UPHN Lite runs on the Microsoft Windows operating system and requires local administrative privileges for installation.

To establish unattended file upload for your organization, follow the steps below.

1. Obtain an Automated File Transfer (AFT) account. The person obtaining this account must be the HCS Director or Organizational Security Coordinator (OSC).
 - a. Log in to <https://commerce.health.state.ny.us>
 - b. Go to My Content → All Applications → "C" → Coord Account Tools → HCS Coordinator application
 - c. Under Account Requests, click Automated File Transfer to obtain an AFT account request form and for additional instructions
 - d. Print, sign, and mail the AFT request form
2. Once an AFT User ID and password have been assigned, an email will be sent from the Commerce Accounts Management Unit directly to the facility (OSC) with a Cc: to the UPHN Lite team: uphn@health.ny.gov. It will include the steps and instructions to download and configure the software. The facility must follow these steps. The email Subject line states "UPHN Lite", the name of the organization, and the AFT ID of the organization. The UPHN team will follow up with the facility to offer any assistance that might be needed.

Specific questions regarding UPHN Lite may be emailed to uphn@health.ny.gov.

For questions regarding the AFT account process, contact CAMU at 1-866-529-1890 or email camusupp@health.ny.gov.

ZERO REPORTING

Any dates during which no dispensing of a controlled substance occurred (e.g., store closed for a holiday, etc.) must be reported by pharmacy providers and dispensing practitioners to NYSDOH within 14 days.

Pharmacy providers and dispensing practitioners may use one of three different methods for electronically submitting zero report information to NYSDOH:

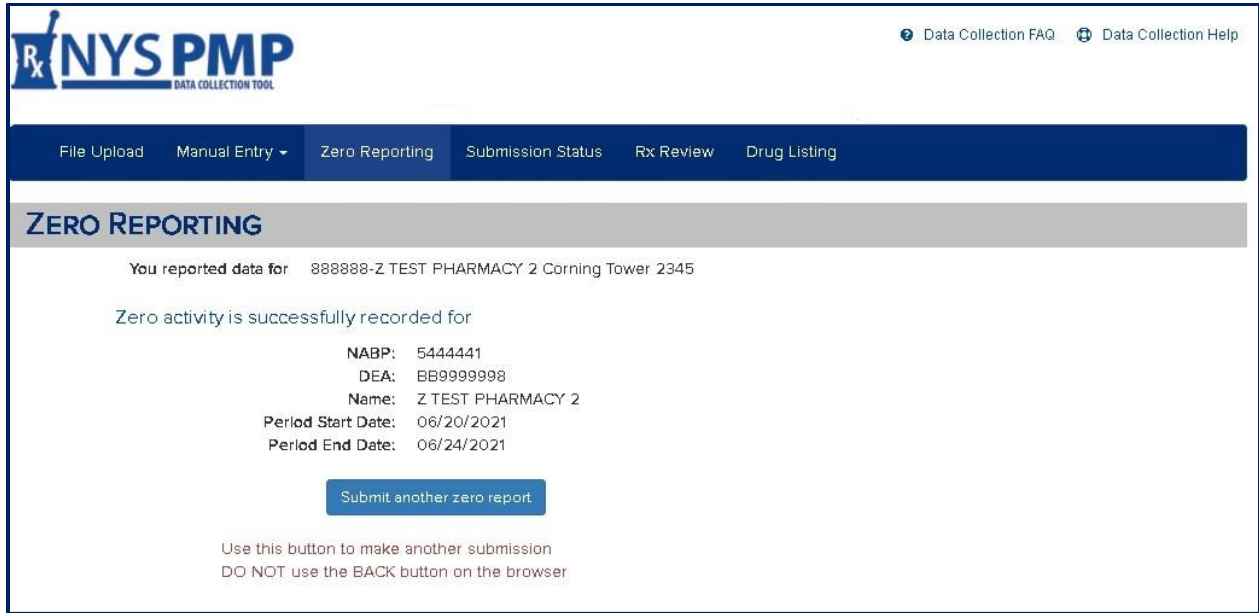
- Zero Report Manual Entry using the PMP Data Collection Tool
- File Upload using the PMP Data Collection Tool – see [Appendix C](#) for details on formatting a Zero Report File
- Unattended File Upload – see [Appendix C](#) for details on formatting a Zero Report File

Zero Report Manual Entry

Follow the steps below to manually enter zero reporting data.

1. Log in to the <https://commerce.health.state.ny.us>
2. Go to My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool or select the PMP Data Collection Tool from your list of available HCS applications
3. Click on the Zero Reporting tab
4. Select your reporting organization
5. Choose your submitter type and enter the required data including the dates during which no controlled substances were dispensed
6. Click the Submit button when finished

7. If the submission was successful, the summary screen pictured below will be displayed



NOTE: The confirmation screen above indicates a successful zero report submission. If the confirmation screen is not displayed, delete the browsing history in your browser, reboot the computer, and re-enter the data.

File Upload can be used to submit Zero Reporting data. Use the File Upload tab in the PMP Data Collection Tool.

Unattended File Upload process can also be used utilizing UPHN Lite. Formatting requirements are included in [Appendix C](#) of this document. Unattended File Upload is provided through the NYSDOH's Universal Public Health Node (UPHN Lite) client software. Information regarding UPHN Lite was provided earlier in this chapter.

5. SUBMISSION STATUS REVIEW

ABOUT THIS CHAPTER

This chapter provides information and instructions for the review of dispensed controlled substance data previously transmitted electronically to the New York State Department of Health (NYSDOH).

PROCESS OVERVIEW

To ensure that the PMP Registry contains accurate data, pharmacy providers and dispensing practitioners must regularly check the status of their data submissions to NYSDOH. To check the status of the submission, go to the Submissions Status tab in the PMP Data Collection Tool.

The status can be reviewed for the three types of data submission:

- File Upload
- Manual Entry
- Zero Reporting

File Upload has five categories of submission statuses:

- Accepted: indicates that the file complies with the ASAP/NYSDOH file formatting standards and is yet to be processed
- Processed: indicates that the file has been processed with no errors or warnings
- Processed-Warn: indicates that the file has been processed, but one or more records contain informational warnings due to invalid or missing data elements. In such situations, the submitter should review their data for overall quality control purposes; correction is optional.
- Processed-Error: indicates that the file has been processed, but one or more records contain errors; correction and resubmission is mandatory. Any record with an error will not display on the PMP Registry until it is corrected.
- Rejected: indicates that the file is not in compliance with ASAP/NYSDOH file reporting specifications. The most commonly occurring file reject messages are:
 - Database Error – a database error occurred when loading the file
 - Dup Tran-File – there is a duplicate Transaction Control Number in the file
 - Dup Transaction – the transaction Control Number already exists in the database
 - Empty File – the file to upload is empty
 - Format Error – there is an ASAP formatting error in the file
 - Invalid Version – there is an Invalid ASAP version in the file
 - No File SLCTD – no file was selected to upload
 - Non ASAP File – the file did not start with TH segment, may not be an ASAP file
 - Org Not SLCTD – the organization to upload on behalf of was not selected
 - Unknown Error – an unknown error occurred when loading the file

NOTE: The only acceptable file extensions are .txt, .dat, .ny, and .asap.

VERIFYING SUBMISSION STATUS

To check on the status of a previously submitted data file, navigate to the PMP Data Collection Tool:

1. Go to My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool. Or select the PMP Data Collection Tool from your list of available HCS applications.
2. Click on the Submission Status tab. The screen below will be displayed.
3. Select the reporting organization from the dropdown list (users with rights to more than one organization must be careful to select the correct organization), the reporting dates, the view, and corresponding status categories.
4. Click the Submit button.

File Upload Status

When selecting the File Upload View, the information displayed will include:

- Information about the submitted file
- Links to a Submission Statistics Summary report (Adobe PDF format)
- Any Errors and Warnings Report, if applicable (Microsoft Excel compatible: .CSV and Adobe .PDF format options).

Daily review of the *Summary Report* will provide information on the number of dispensed prescription records that were successfully submitted. Daily review of the *Errors & Warnings Report* or *All Outstanding Errors Report* will provide the information necessary to identify any records needing correction.

CSV column headings for the *All Outstanding Errors* report include:

- Pharmacy ID Qualifier
- Pharmacy ID
- Pharmacy Name
- Prescription Number
- Date Filled
- Field Code
- Field Description
- Processing Status
- Value Provided
- Comment
- Date Submitted

Any submissions that meet the search criteria will be displayed. Those files containing errors will be highlighted in **red**.

File Upload
Manual Entry
Zero Reporting
Submission Status
Rx Review
Drug Listing

SUBMISSION STATUS

Criteria to display submission status:

Search By

Organization: 888888 - Z TEST PHARMACY 2 Corning Tower 2345

OR

Submitter's HCS UserID: Example: user1,user2,user3

OR

NABP: Example: nabp1,nabp2,nabp3

View

File Upload Status

Manual Entry Status

Zero Reporting Status

File Upload Status

Processed Successfully

Processed With Errors

Processed With Warnings

Rejected

Accepted

From: 06/24/2021

To: 06/24/2021

Submit

File Upload Status

OUTSTANDING ERRORS

Click here to download ALL OUTSTANDING ERRORS (CSV) for the organization in CSV format

Click here to download ALL OUTSTANDING ERRORS (PDF) for the organization in PDF format

SUBMISSION LOG

Note: The submission log is provided to you as a historical reference tool. As such, any individual submission reflecting a status of "Processed-Error" or "Processed-Warn" will continue to reflect that status even if corrected in a subsequent submission. Please click on the above link to view all of the selected organization's outstanding errors.

10 submissions found.

Submission Date & Time	Organization	File Name	Status*	Reject Code**	Submission Statistics	Errors & Warnings (Select Format)
2021/06/24 08:57:27	888888	ASAPV42B_test_in_good_CR_2.txt	Rejected	Dup Transaction		
2021/06/24 08:56:17	888888	ASAPV42B_test_in_good_CR_2.txt	Accepted			

NOTE: Files submitted by a pharmacy vendor service may contain data for multiple pharmacies. If the file name is red, the errors may or may not be relevant to your pharmacy. To determine if the errors are related to your pharmacy, click Submissions Statistics → Summary Report.

2021/06/23 14:20:00	888888	ASAPV42B_test_in_good_CR_2.txt	Rejected	Dup Transaction		
2021/06/23 14:18:25	888888	ASAPV42B_test_in_good_delimi_in_data.txt	Processed-Error		Summary	PDF CSV
2021/06/23 14:17:32	888888	ASAPV42B_test_in_good_CR_2.txt	Rejected	Invalid Version		
2021/06/23 14:17:10	888888	ASAP2005_test_in_good.txt	Rejected	Invalid Version		

Export to CSV

***Status:**

'Accepted' status indicates that the file is in compliance with ASAP file formatting standards and is yet to be processed
'Rejected' status indicates that the file is not in compliance with ASAP file formatting standards
'Processed' status indicates that the file was successfully processed without any errors or warnings
'Processed-Warn' status indicates that the file was processed but with some warnings
'Processed-Error' status indicates that the file was processed but with some errors

***Reject Codes:**

Reject Code	Reject Description
Bad File Type	File extension indicated a binary file type
Database Error	Database error occurred when loading the file
Dup Tran-File	Duplicate Transaction Control Number in file
Dup Transaction	Transaction Control Number already exists in database
Empty File	File to upload is empty
File Too Large	File to upload is larger than the allowable limit
Format Error	ASAP formatting error in the file
Invalid Version	Invalid ASAP version in the file
No File SLCTD	No file selected to upload
Non ASAP File	File did not start with TH segment, may not be an ASAP file
Org Not SLCTD	Organization to upload on behalf of not selected
Unknown Error	Unknown error occurred when loading the file

Manual Entry Status

When searching manual submissions, clicking PDF on the Submission Status line displays details about the submitted record. See the screenshot below.

Submission Status

Criteria to display submission status

Search By

Organization: 888888 - Z TEST PHARMACY 2 Corning Tower 2345

OR

Submitter's HCS UserID: Example: user1,user2,user3

OR

NABP: Example: nebp1,nebp2,nebp3

View: Manual Entry Status, File Upload Status, Zero Reporting Status

File Upload Status: Processed Successfully, Processed With Errors, Processed With Warnings, Rejected, Accepted

From: 05/24/2021, To: 06/24/2021

Submit


Manual Entry Status

4 submissions found.

Submission Date & Time	Organization	NABP	Pharmacy Name	RX Number	Date Filled	Report
2021/06/24 08:54:31	888888	5444441	Z TEST PHARMACY 2	11223355	06/02/2021	PDF

Online Zero Reporting Submission Status

When choosing to review the Zero Reporting Status, the column Type indicates whether the zero report was entered online (manually) or submitted via a file upload. The Reported From and Reported To columns indicate the dates when no controlled substances were dispensed.



[Data Collection FAQ](#)
[Data Collection Help](#)

File Upload
Manual Entry
Zero Reporting
Submission Status
Rx Review
Drug Listing

SUBMISSION STATUS

Criteria to display submission status

Search By

Organization

OR

Submitter's HCS UserID Example: user1,user2,user3

OR

NABP Example: nabp1,nabp2,nabp3

View

File Upload Status

Manual Entry Status

Zero Reporting Status

From

To

File Upload Status

Processed Successfully

Processed With Errors

Processed With Warnings

Rejected

Accepted

[Submit](#)

Online Zero Reporting Status

2 submissions found.

Submission Date & Time	Organization	Type	NABP	Pharmacy Name	Reported From	Reported To
2021/06/24 09:02:30	888888	Online	5444441	Z TEST PHARMACY 2	06/20/2021	06/24/2021

6. ERROR CORRECTION

ABOUT THIS CHAPTER

This chapter describes how to retrieve and correct dispensed controlled substance data that was previously transmitted electronically to the New York State Department of Health (NYSDOH).

RETRIEVING ERRORS

Pharmacy providers and dispensing practitioners have the option of retrieving all outstanding errors for the organization itself (see chapter above) as well as a fixed errors report pertaining to a specific data file submission. Both reports are on the Submission Status tab.

Option 1. *All Outstanding Errors Report* (displays all errored records that still need to be corrected). Once corrected, these errors will no longer display on the report. Click the green All Outstanding Errors button for the desired format (CSV or PDF).

Option 2. *Errors & Warnings Report* (displays all errors associated with the file on that specific row). The errors on this report are fixed but will remain on the report even after they are corrected. Click CSV or PDF to the right of the file being reviewed to open report.

Review of the *All Outstanding Errors* report informs the user of the records that still need to be corrected.

Providers can review the error report in either a CSV format (a sortable spreadsheet view) or a PDF format. The PDF view is easier to read when the error count is small. If there is a large number of errors, the CSV format is a better option because the data can be sorted, filtered, and saved as an Excel file.

All Outstanding Errors for an organization presented in CSV format (green button)

	A	B	C	D	E	F	G	H	I	J	K
	Pharmacy ID Qualifier	Pharmacy ID	Pharmacy Name	Prescription Number	Date Filled	Field Code	Field Description	Processing Status	Value Provided	Comment	Date Submitted
1	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034F21"	Field value is > Max-Script	08/01/2013 16:46:16
2	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034F22"	Field value is > Max-Script	08/01/2013 16:46:16
3	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSP03	Date Written	Error	"20080111"	Date value must be within last five years.	08/01/2013 16:46:16
4	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP03	Date Written	Error	"20080110"	Date value must be within last five years.	08/01/2013 16:46:16
5	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP05	Date Filled	Error	"20080111"	Date value must be within last five years.	08/01/2013 16:46:16
6	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSP05	Date Filled	Error	"20080111"	Date value must be within last five years.	08/01/2013 16:46:16
7	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP08	Product ID	Error	"223456789"	Field value is invalid length	08/01/2013 16:46:16
8	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP11	Drug Dosage Units Code	Error	"05"	Field value is invalid	08/01/2013 16:46:16
9	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PHA03	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file	08/01/2013 16:46:16
10	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PHA03	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file	08/01/2013 16:46:16
11	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PRE02	Prescriber DEA Number	Error	"AA1122334"	Field value is not on file	08/01/2013 16:46:16
12	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PRE02	Prescriber DEA Number	Error	"AA2222334"	Field value is not on file	08/01/2013 16:46:16
13	NCPDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034G23"	Field value is > Max-Script	08/01/2013 16:46:16
14	NCPDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333112"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034G23"	Field value is > Max-Script	08/01/2013 16:46:16
15											
16											

Errors & Warnings in CSV format for a specific file submission
(Includes a summary row and warning counts if the number of warnings is above 20% threshold)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		4	"123456"	"01"	"	"20080122"	"1521"	P		4	0	4	0	0
2	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034F21"	Field value is > Max-Script				
3	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034F22"	Field value is > Max-Script				
4	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSP03	Date Written	Error	"20080111"	Date value must be within last five years.				
5	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP03	Date Written	Error	"20080110"	Date value must be within last five years.				
6	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP05	Date Filled	Error	"20080111"	Date value must be within last five years.				
7	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSP05	Date Filled	Error	"20080111"	Date value must be within last five years.				
8	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP08	Product ID	Error	"223456789"	Field value is invalid length				
9	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP11	Drug Dosage Units Code	Error	"05"	Field value is invalid				
10	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PHA03	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file				
11	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PHA03	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file				
12	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PRE02	Prescriber DEA Number	Error	"AA1122334"	Field value is not on file				
13	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PRE02	Prescriber DEA Number	Error	"AA2222334"	Field value is not on file				
14	NCPDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034G23"	Field value is > Max-Script				
15	NCPDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333112"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"0R034G23"	Field value is > Max-Script				
16	***More Warnings***													
17	Pharmacy ID	Qualifc	Pharmacy IC	Pharmacy Name		Field Code	Field Description	Processing Status		Comment			Records with this warning	
18	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			DSP14	Pharmacist National Provider Ide	Warning		Field value is invalid length			1	
19	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			DSP14	Pharmacist National Provider Ide	Warning		Field value is missing			1	
20	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PAT20	Patient Species Code	Warning		Field value is invalid			2	
21	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PHA01	National Provider Identifier (Rec	Warning		Field value is not a valid number			2	
22	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PRE01	Prescriber National Provider Ide	Warning		Field value is missing			2	
23	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			DSP14	Pharmacist National Provider Ide	Warning		Field value is missing			2	
24	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PAT20	Patient Species Code	Warning		Field value is invalid			2	
25	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PHA01	National Provider Identifier (Rec	Warning		Field value is not a valid number			2	
26	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PRE01	Prescriber National Provider Ide	Warning		Field value is missing			1	
27	NCPDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PRE01	Prescriber National Provider Ide	Warning		Field value is not a valid number			1	
28														

SUBMITTING CORRECTIONS/VOIDING RECORDS

Pharmacy providers and dispensing practitioners are responsible for checking the status of their data submissions.

Retail chain pharmacies should consult their corporate headquarters to coordinate data correction activities.

In the event of either a complete file rejection or error with one or more records, the dispensing organization is responsible for correcting and resubmitting the information to NYSDOH within **three (3) days**.

Daily HCS login and review of the Submission Status using the PMP Data Collection Tool is highly recommended to ensure data submission errors are identified, corrected, and resubmitted within three days.

Only Users with both a Controlled Substance Prescription Data Submitter role (CSPDS) and the Controlled Substance Prescription Data Reviewer role (CSPDR) for a specific pharmacy or practice will have the ability to void or correct records. If the user has been assigned the Controlled Substance Prescription Data Submitter role, the Void and Correction buttons will be available to the right of the record. If the user does **not** have this role, the Void and Correction buttons will be not be an option.

CORRECTIONS

Corrections may be submitted electronically in one of two ways: online, one record at a time, or through uploading a corrected file.

1. **Online Corrections:** to change information on a previously submitted record (e.g., typographical errors, drug dosage units, address, etc.) you may do the following:
 - a. Navigate to the PMP Data Collection Tool: My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool or select the PMP Data Collection Tool from your list of available HCS applications
 - b. Click on the Rx Review menu item (see screenshot below)
 - c. Search by NABP/NCPDP & Rx Number
 - d. Determine the record to be corrected based on the Date Filled
 - e. Click Correction under the Action column on the record needing correction
 - f. The manual entry screen for that record will be displayed with the error(s) highlighted, and the required data elements noted with red asterisks
 - g. Update the data elements as needed
 - h. Click Submit

File Upload
Manual Entry
Zero Reporting
Submission Status
Rx Review
Drug Listing

PRESCRIPTION(RX) REVIEW

Criteria to search Rx number

Search By

Organization:

NABP:

Rx Number: (Required)

Note: Please allow between 2 and 24 hours processing time after submitting a file before searching for an Rx number from that file. Search results are restricted to the 50 most recent records received for a particular Rx number.

Click Here for Instructions on Online Voids

Void: Only users with the Controlled Substance Prescription Data Submitter role can perform online voids and corrections

One current record for Rx Number 11223355 found.

Dispenser	Status Code*	Prescriber DEA	Date Written	Date Filled	Date Sold	Quantity Dispensed	Refill#	Partial Fill*	Date Submitted	Patient DOB	Patient Gender	NDC	Status Update Date	Action
6444441	PMP	889999999	20210601	20210602	20210603	30 each	00	00	20210624	19760503	M	17856202701	20210624	Void Correction

[Export to CSV](#)

*Status Codes (Note: Records with a status of PMP will only appear in the PMP registry for 6 months following the Date Filled):

Status Code	Status Description
In Process	This record is being processed. Not yet in PMP
NonPMP-Bupr-Self	Prescriptions for Buprenorphine that were dispensed by a practitioner are not displayed in the PMP
NonPMP-NoDrug	Undefined NDC code submitted. It is not displayed in the PMP
NonPMP-Vet	Prescriptions from veterinarians are not displayed in the PMP.
NonPMP-Void	This prescription was voided by the submitting pharmacy. It is not displayed in the PMP
NotAccepted-Error	This record had an error and must be corrected and re-submitted. It is not displayed in the PMP
NotAccepted-NONC	This record was for a non-controlled substance and is not presented in the PMP
PMP	This record is presented in the PMP
Replaced	Record was replaced by a subsequent data submission for this prescription
Voided	Record was voided by a matching prescription record which had the 'Void' reporting status

2. **Corrections through a file upload:** to change information on a previously submitted record (e.g., typographical errors, incorrect DEA number, etc.) you may do the following:
 - a. Make the necessary data modifications using the pharmacy's software
 - b. Consult the pharmacy software vendor for guidance to ensure that the corrected record gets included in the file to be uploaded to the PMP Registry
 - c. Resubmit the revised record (See Chapter 4 - Data Submission above). Resubmit only the record(s) corrected rather than sending a range of records
 - d. Check the submission status the next day to ensure the corrections were processed

IMPORTANT: For any correction to be successfully processed, the following key fields on the corrected record must be identical to what was submitted on the original record:

- ✓ Pharmacy NABP/NCPDP (dispensing practitioner DEA number)
- ✓ Rx Number (pharmacy or dispensing practitioner assigned number; must be unique)
- ✓ Date Filled

If changes need to be made to one or more of these 3 key data elements, the existing record must first be voided (see how to void records below), and then a revised record submitted. If the record with the error is corrected before it is voided, both records will display on the PMP Registry.

Also be advised that corrections to any record that appear on the list of *All Outstanding Errors* will remain on the list of errors unless properly corrected using the steps above.

Corrections to compound prescriptions (except to VOID) cannot be done manually online. They must be done as a file upload.

Additionally, errors in Zero Reports CANNOT be corrected. They will cycle off of the *All Outstanding Errors* report 90 days after the error was reported. Be sure to submit the Zero Report reflecting the correct date range.

VOIDS

Only Users with a Controlled Substance Prescription Data Submitter role for a specific pharmacy or practice will have the ability to void records. If the user has been assigned the Controlled Substance Prescription Data Submitter role, the Void and Correction buttons will be available to the right of the record. If the user does **not** have this role, the Void and Correction buttons will be grayed out.

The Void option should only be used in the following scenarios:

- To remove a prescription record from the PMP Registry or Outstanding Errors list when the prescription was never dispensed to the patient
- To correct a prescription record on the PMP Registry or Outstanding Errors list when the dispensed prescription was submitted with an incorrect Date Filled, Rx Number (pharmacy or dispensing practitioner assigned number), or NABP/NCPDP Number (dispensing practitioner DEA number). Note that the record must be voided **prior** to submitting a revised record.

To VOID a prescription record on the PMP Registry:

1. Navigate to the PMP Data Collection Tool: My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool or select the PMP Data Collection Tool from your list of available HCS applications
2. Click on the Rx Review menu item (see screenshot below)
3. Search by NABP/NCPDP & Rx Number

4. Determine which record to void based on the Date Filled
5. Click Void under the Action column for the record needing to be removed from the PMP Registry
6. Click Confirm to complete the void action
7. The status will change to Non PMP Void, and the Action will indicate N/A

The record with the exact same NABP/NCPDP, Rx Number, and Date Filled as selected will be voided in the PMP Registry. See the screenshots below.

The screenshot shows the NYS PMP Data Collection Tool interface. At the top, there is a navigation bar with options: File Upload, Manual Entry, Zero Reporting, Submission Status, Rx Review (selected), and Drug Listing. Below this is a header for 'PRESCRIPTION(RX) REVIEW'. A search form is displayed with the following fields: Organization (888888 - Z TEST PHARMACY 2 Corning Tower 2345), NABP (5444441), and Rx Number (11223355). A 'Submit' button is located below the Rx Number field. Below the search form, there is a note: 'Note: Please allow between 2 and 24 hours processing time after submitting a file before searching for an Rx number from that file. Search results are restricted to the 50 most recent records received for a particular Rx number.' There is a link for 'Click Here for Instructions on Online Voids' and a 'View all records' button. A message states: 'One current record for Rx Number 11223355 found.' Below this is a table with the following data:

Dispenser	Status Code*	Prescriber DEA	Date Written	Date Filled	Date Sold	Quantity Dispensed	Refill#	Partial Fill**	Date Submitted	Patient DOB	Patient Gender	NDC	Status Update Date	Action
5444441	PMP	BB9999999	20210601	20210602	20210603	30 each	00	00	20210624	19760503	M	17856202701	20210624	Void Correction

Rx SUBMISSION TO VOID

This is the record you have selected to VOID.
If this is correct, click CONFIRM. If this is not correct, click CANCEL.

Dispenser	RX Num	Status Code	Prescriber DEA	Date Written	Date Filled	Date Sold	Quantity Dispensed	Refill#	Partial Fill	Date Submitted	Patient DOB	Patient Gender	NDC	Status Update Date
5444441	11223355	PMP	BB9999999	20210601	20210602	20210603	30 each	00	00	20210624	19760503	M	17856202701	20210624

[Confirm](#) [Cancel](#)

Note that by clicking the Confirm button, the record will be voided.

PRESCRIPTION(RX) REVIEW

Criteria to search Rx number

Search By

Organization: 888888 - Z TEST PHARMACY 2 Coming Tower 2345

NABP: 5444441

Rx Number: 11223355 (Required)

[Submit](#)

Note: Please allow between 2 and 24 hours processing time after submitting a file before searching for an Rx number from that file. Search results are restricted to the 50 most recent records received for a particular Rx number.

[Click Here for Instructions on Online Voids](#) [View all records](#)

Void: Only users with the Controlled Substance Prescription Data Submitter role can perform online voids and corrections.

One current record for Rx Number **11223355** found.

Dispenser	Status Code*	Prescriber DEA	Date Written	Date Filled	Date Sold	Quantity Dispensed	Refill#	Partial Fill**	Date Submitted	Patient DOB	Patient Gender	NDC	Status Update Date	Action
5444441	NonPMP-Void	BB9999999	20210601	20210602	20210603		00	00	20210624	19760503	M	17856202701	20210624	N/A

7. REVIEWING SUBMITTED RECORDS

The Rx Review tab will allow the Controlled Substance Prescription Data Reviewer to review each record submitted by their pharmacy, whether it was uploaded manually by the pharmacy itself or the pharmacy software vendor. This tool allows assessment of the status of a specific Rx Number on the PMP Registry.

To review submitted records, follow the steps below:

1. Navigate to the PMP Data Collection Tool: My Content → All Applications → "P" → Prescription Monitoring Program Data Collection Tool or select the PMP Data Collection Tool from your list of available HCS applications.
2. Click on the Rx Review menu item (see screenshot below)
3. Search by NABP/NCPDP & Rx Number

Multiple dispensing records may display for the NCPDP/NABP and Rx Number combination entered. There can be more than one *current* record listed, depending on how many different filled dates have been submitted for that Rx Number and NABP number. And voided records will also appear.

Click View All Records to see all submissions for the entered Rx Number. See the screenshots below.

The Status Code on each record will indicate whether it appears on the PMP Registry, generated an error, was voided, or was replaced by an additional report coming in for that Rx Number, etc. (see below). The search results on an Rx Number may contain different filled dates, submit dates, refill numbers, etc. This information helps identify the individual record submitted.

The records in the PMP Registry are displayed for one year from the date filled. After one year, the records will retain the status of PMP indicating they were successfully posted to the PMP Registry.

Status Codes:

In Process	This record is being processed. It is not yet in the PMP.
NonPMP-Bupr-Self	Prescriptions for buprenorphine that were dispensed by a practitioner are not displayed in the PMP.
NonPMP-NoDrug	An undefined NDC code was submitted. It is not displayed in the PMP.
NonPMP-Vet	Prescriptions from veterinarians are not displayed in the PMP.
NonPMP-VOID	This prescription was voided by the submitting pharmacy. It is not displayed in PMP.
NotAccepted-Error	This record has an error and must be corrected and re-submitted. It is not displayed in the PMP.
NotAccepted-NONC	This record is for a non-controlled substance. It is not presented in the PMP.
PMP	This record is presented in the PMP.
Replaced	Record was replaced by a subsequent data submission for this prescription.
Voided	Record was voided by a matching prescription record, which had the Void reporting status.

Partial Fill Indicators:

00	Not a partial fill
00 - 99	Partial fill number
Y	Is a partial fill, but partial fill number is unknown

File Upload
Manual Entry +
Zero Reporting
Submission Status
Rx Review
Drug Listing

PRESCRIPTION(RX) REVIEW

Criteria to search Rx number

Search By

Organization:

NABP:

Rx Number: (Required)

[Submit](#)

*Note: Please allow between 2 and 24 hours processing time after submitting a file before searching for an Rx number from that file. Search results are restricted to the 50 most recent records received for a particular Rx number.

[Click Here for Instructions on Online Waives](#) [View all records](#)

*Note: Only users with the Controlled Substance Prescription Data Submitter role can perform online waives and corrections.

2 current records for Rx Number: 11223355 found.

Dispenser	Status Code*	Prescriber DEA	Date Written	Date Filled	Date Sold	Quantity Dispensed	Re*IM	Partial Fill**	Date Submitted	Patient DCB	Patient Gender	NDC	Status Update Date	Action
5444441	NonPMP-Valid	889999999	20210601	20210602	20210603		00	00	20210624	19760503	M	17956202701	20210624	View
3304599	PMP	AA1534331	20210511	20210511	20210511	30 each	00	02	20210726	19000101	F	00034060401	20210726	View Correction

[Export to CSV](#)

*Status Codes (Note: Records with a status of "PMP" will only appear in the PMP registry for 6 months following the Date Filled):

Status Code	Status Description
In Process	This record is being processed. Not yet in PMP
NonPMP-Bup-Self	Prescriptions for Buprenorphine that were dispensed by a practitioner are not displayed in the PMP
NonPMP-No Drug	Undefined NDC code submitted. It is not displayed in the PMP
NonPMP-Vet	Prescriptions from veterinarians are not displayed in the PMP.
NonPMP-Valid	This prescription was voided by the submitting pharmacy. It is not displayed in the PMP
NotAccepted-Error	This record had an error and must be corrected and re-submitted. It is not displayed in the PMP
NotAccepted-NONC	This record was for a non-controlled substance and is not presented in the PMP
PMP	This record is presented in the PMP
Replaced	Record was replaced by a subsequent data submission for this prescription
Voided	Record was voided by a matching prescription record which had the "Void" reporting status

**Partial Fill Codes:

Partial Fill Code	Partial Fill Description
00	Not a partial fill
01-99	Partial fill number
Y	Is a partial fill, but partial fill number is unknown

8. ASSISTANCE AND SUPPORT

GENERAL INFORMATION

For general information regarding electronic data transmissions and retrievals, please visit BNE's website at <http://www.health.ny.gov/professionals/narcotic>. Specific questions may be addressed to BNE staff by emailing narcotic@health.ny.gov or by calling 1-866-811-7957 between the hours of 8:45 AM and 4:45 PM Eastern Time, Monday through Friday, excluding holidays.

If you are using a data submission service, consult with the software vendor for specific technical guidance on the proper submission of prescription information. Retail chain pharmacies should consult their corporate headquarters for guidance.

HCS ACCOUNTS/AFT ACCOUNTS/UPHN LITE

For assistance with HCS Accounts/AFT Accounts/UPHN Lite please contact the NYSDOH Commerce Accounts Management Unit (CAMU) directly at 1-866-529-1890 between the hours of 8:45 AM and 4:45 PM Eastern Time, Monday through Friday, excluding holidays.

Specific technical questions regarding UPHN Lite installation may also be emailed to uphn@health.ny.gov.

Appendix A: Data File Specifications

Effective August 1, 2021

Background

The information on the following pages defines the fields required for file uploads to the NYSDOH Prescription Monitoring Program Data Collection Tool.

Electronic file submissions must adhere to the American Society for Automation in Pharmacy (ASAP) version 4.2, 4.2a, or 4.2b. All information in this appendix comes from the ASAP specification.

Electronic prescribing, which is supported in ASAP Versions 4.2, 4.2a and 4.2b, is mandatory in New York State.

General Composition

Every upload file uses the following core components to electronically communicate data to the PMP Registry:

- **Segment** – a section of data that contains a specific type of information. Each segment consists of various data elements made up of a reference (field name) and data element name (description).
- **Segment Identifier** – this indicates the beginning of a new segment.
- **Data Element** – a unit of information. Usage for reporting purposes is identified within this Appendix as follows:
 - **R** = Required by ASAP
 - **S** = Situational by ASAP
 - **RR** = Required by the NYSPMP

IMPORTANT: Data elements identified as either “R” or “RR” must be reported to the NYS PMP Data Collection Tool. Data elements identified with a “!” following their usage type must also pass minimum system parsing. Data files missing any such elements will be rejected during the file upload process.

- **Data Delimiter** – a character, typically an asterisk (*), used to separate data elements within a segment. Each completed data element should be followed by an asterisk, and each blank data element should consist solely of the delimiting asterisk.
- **Segment Terminator** – a character, typically a tilde (~), used to indicate the end of a segment.

Core Reporting Segments

Header

- TH – Transaction Header
- IS – Information Source
- PHA – Pharmacy Header

Detail

- PAT – Patient Information
- DSP – Dispensing Record
- PRE – Prescriber Information
- CDI – Compound Drug Ingredient Detail
- AIR – Additional Information Reporting

Summary

- TP – Pharmacy Trailer
- TT – Transaction Trailer

Error Classification Types

- **Error** – Data submission for a required element has been rejected due to a serious error.
*****Correction and resubmission are required*****
- **Warning** – Data submission for a situational element has been accepted, but the submitter should review their data for overall quality control purposes.

ASAP Reference Information		NYSPMP Field Requirements			
<< HEADER >>					
Segment: TH – Transaction Header					
This is a required header segment which indicates the beginning of a transaction. It is also used to assign the segment terminator, data element separator and control number.					
Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
TH01	Version/Release Number	R(!)	Error if empty or null	Field value is missing	Error
			Value must be "4.2" or "4.2A" or "4.2B"	Field value is invalid	Error
TH02	Transaction Control Number *	R(!)			
TH03	Transaction Type	S			
TH04	Response ID	S			
TH05	Creation Date	R(!)			
TH06	Creation Time	R(!)			
TH07	File Type	R(!)	Error if empty or null	Field value is missing	Error
			Value must be "P" or "T"	Field value is invalid	Error
TH08	Routing Number	S			

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
TH09	Segment Terminator Character	R (!)			
Segment: IS – Information Source This is a required header segment which is used to report the name and identification numbers of the entity supplying the information.					
IS01†	Unique Information Source ID	R			
IS02	Information Source Entity Name	R (!)			
IS03	Message	S			

*Each occurrence of TH02 must represent a **unique** transaction control number.

Duplicate transaction control numbers will result in the file submission being rejected.

Segment: PHA – Pharmacy Header This is a required header segment which is used to report pharmacy information.					
Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
PHA01	National Provider Identifier	S	Every digit must be a number	Field value is not a valid number	Warning
			Value must begin with a “1”	Field value is not correct format	Warning
PHA02	NCPDP/ NABP Provider ID	RR (!)	Error if empty or null	Field value is missing	Error
			Error if more than 7 characters	Field value is invalid length	Error
			Error if not a valid NCPDP/NABP value	Field value is not on file	Error
PHA03	DEA Number	RR (!)	Error if empty or null	Field value is missing	Error
			Error if not a valid DEA value	Field value is not on file	Error
PHA04	Pharmacy/ Dispenser Name	S			
PHA05	Address Information – 1	S			
PHA06	Address Information – 2	S			
PHA07	City Address	S			
PHA08	State Address	S			
PHA09	ZIP Code Address†	S			
PHA10	Phone Number†	S			
PHA11	Contact Name	S			
PHA12	Chain Site ID	S			
PHA13	Pharmacy’s Permit Number/License Number	S			

† Do not include hyphens.

<< DETAIL >>					
Segment: PAT – Patient Information					
This is a required detail segment which is used to report the patient’s name and basic information as contained in the pharmacy record. The patient name fields must contain only the patient name. Do not include pharmacy instructions in these fields.					
Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
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	R	Error if empty or null	Field value is missing	Error
			Alphanumeric characters and may contain “_”, “’”, and “.”	Field value is invalid	Error
PAT08	First Name	R	Error if empty or null	Field value is missing	Error
			Alphanumeric characters and may contain “_”, “’”, and “.”	Field value is invalid	Error
PAT09	Middle Name	S			
PAT10	Name Prefix	S			
PAT11	Name Suffix	S			
PAT12	Address Information – 1	R	Error if empty or null	Field value is missing	Error
PAT13	Address Information – 2	S			
PAT14	City Address	R	Error if empty or null	Field value is missing	Error
PAT15	State Address	S	Error if empty or null	Field value is missing	Warning
			Value must be from ASAP listing of jurisdictions	Field value is not on file	Warning
PAT16	ZIP Code Address *†	R	Error if empty or null	Field value is missing	Error
			Error if all zeros	Field value is zeros	Error
			Value must be 5-digit or 9-digit number for US states	Field value is invalid	Error
PAT17	Phone Number†	S			

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
PAT18	Date of Birth	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Format must be "CCYYMMDD"	Field value is not correct format	Error
			Value must be a date prior to today	Date value after today	Error
			Patient age must be less than 126	Age much be < 115	Error
PAT19	Gender Code	RR	Error if empty or null	Field value is missing	Error
			Value must be "M", "F" or "U"	Field value is invalid	Error
PAT20	Species Code	RR	Error if empty or null	Field value is missing	Error
			Value must be "01" (Human) or "02" (Veterinary Patient)	Field value is invalid	Error
PAT21	Patient Location Code	S			
PAT22	Country of Non-U.S. Resident	S			
PAT23	Name of Animal	RR	Species code submitted = "02" (Veterinary Patient) and value is empty or null	Field value is blank or null for Veterinary Patient	Error
			Speciescode submitted = "01" (Human) and value is not blank or null	Field value is populated for Non-Veterinary Patient	Warning
			Alphanumeric characters and may contain "-", "'", and "."	Field value is invalid	Error

*For PAT16, value may be up to a 9-character alphanumeric for non-US zip codes.

† Do not include hyphens.

Segment: DSP – Dispensing Record					
This is a required detail segment which is used to report basic components of a dispensing of a given prescription order including the date and quantity.					
DSP01	Reporting Status	R	Error if empty or null	Field value is missing	Error
			Value must be "00", "01" or "02"	Field value is invalid	Error
DSP02	Prescription Number	R	Error if empty or null	Field value is missing	Error
			Every digit must be a number	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
DSP03	Date Written	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Format must be "CCYYMMDD"	Field value is not correct format	Error
			Value must be > than patient's date of birth	Date of birth cannot be after date written	Error
			Value must be less than or equal to 5 years from today's date	Date value must be within last five years	Error
			If a new prescription (DSP06 ="00"), then value should be <= 30 days from date filled	Date written <= 30 days from date filled	Warning
DSP04	Refills Authorized	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be between "00" and "05"	Field value is invalid	Error
DSP05	Date Filled	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Value must be less than or equal to 5 years from today's date	Date value must be within last five years	Error
			Value must be between today and date written	Date value after today	Error
				Date written cannot be after date filled	Error
			Format must be "CCYYMMDD"	Field value is not correct format	Error

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
DSP06	Refill Number	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be between "00" and "99"	Field value is invalid	Error
DSP07	Product ID Qualifier	R (!)	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be either a "01" (NDC) or a "06" (Compound)	Field value is invalid	Error
			If value = "06" (Compound), CDI Segment is required	Compound Drug Information missing	Error
DSP08	Product ID	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Value length must be 11 characters(NDC)	Field value is invalid length	Error
			Check if the substance is non-reportable in NY	This is not a NY reportable controlled substance	Warning
DSP09	Quantity Dispensed	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Alert if value is > 10,000	Value is > 10,000	Warning
DSP10	Days Supply	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Value must be between "1" and "186"	Field value is > 186	Warning

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
DSP11	Drug Dosage Units Code	RR	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be “01”, “02” or “03”	Field value is invalid	Error
DSP12	Transmission Form of Rx Origin Code	RR	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be between “01” and “06” or be “99”	Field value is invalid	Error
			Alert if e-prescription (AIR02 = ‘eeeeeee’) and value not equal ‘05’	ElecSub - field value is invalid	Warning
DSP13	Partial Fill Indicator	RR	Error if empty or null	Field value is missing	Error
			Value must be between “00” and “99”	Field value is invalid	Error
DSP14	Pharmacist National Provider Identifier (NPI)	S	Error if empty or null	Field value is missing	Warning
			Value must be numeric	Field value is not a valid number	Warning
			Value length must be 10 characters	Field value is invalid length	Warning
			Value must begin with a “1” or “2”	Field value is not correct format	Warning
DSP15	Pharmacist State License Number	S			
DSP16	Classification Code for Payment Type	RR	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be between “01” and “07” or be “99”	Field value is invalid	Error

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
DSP17	Date Sold	RR	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Value must be less than or equal to 5 years from today's date	Date value must be within last five years	Error
			Value must be between today and date written	Date written cannot be after date sold	Error
			Format must be "CCYYMMDD"	Field value is not correct format	Error
DSP18	RxNorm Product Qualifier	S			
DSP19	RxNorm Code	S			
DSP20	Electronic Prescription Reference Number	RR*	Value must be alpha-numeric when populated	Field value is not alpha-numeric	Error
			Value cannot be zero, blank or null if DSP21 is populated	Field must be populated if DSP21 is populated	Error
			Value must be populated if AIR01 = 'NY' and AIR02 = 'eeeeeee'	Elec Script - required field value is missing	Error
DSP21	Electronic Prescription Order Number	RR*	Value must be alpha-numeric when populated	Field value is not alpha-numeric	Error
			Value cannot be zero, blank or null if DSP20 is populated	Field must be populated if DSP20 is populated	Error
			Value must be populated if AIR01 = 'NY' and AIR02 = 'eeeeeee'	Elec Script - required field value is missing	Error
DSP22	Quantity Prescribed	S			
DSP23	Rx Sig	S			
DSP24	Treatment Type	S			
DSP25	Diagnosis Code	S	Value must exclude decimal point		

Segment: PRE – Prescriber Information					
This is a required detail segment which is used to identify the prescriber of the prescription.					
Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
PRE01	National Provider Identifier (NPI)	S	Value must be numeric	Field value is not a valid number	Warning
			Value must begin with a "1"	Field value is invalid	Warning
PRE02	DEA Number**	R	Error if empty or null	Field value is missing	Error
			Error if not a valid DEA number	Field value is not on file	Error
PRE03	DEA Number Suffix	S	If PRE02 (DEA Number) is an institutional DEA.	Field value is institutional DEA	Warning
PRE04	Prescriber State License Number	S			
PRE05	Last Name	S			
PRE06	First Name	S			
PRE07	Middle Name	S			
PRE08	Phone Number	S			
PRE09	XDEA Number	S	If not null, error if invalid format or invalid length.		Error
PRE10	Jurisdiction or State Issuing Prescriber License Number	S			

* This field is required only for an electronic prescription.

** Do not include the '-' at the end of the DEA, the record will reject.

Segment: CDI – Compound Drug Ingredient Detail					
This is a situational detail segment which is used to identify medication that is dispensed as a compound where one of the ingredients is a reportable drug. If more than one ingredient is a reportable drug, then the CDI is incremented by one for each reportable ingredient. [Assumes DSP07 = "06"]					
Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
CDI01	Compound Drug Ingredient Sequence Number	R			
CDI02	Product ID Qualifier	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be "01" (NDC)	Field value is invalid	Error
CDI03	Product ID	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Value length must be 11 characters(NDC)	Field value is invalid length	Error

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
CDI04	Component Ingredient Quantity	R	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Error if all zeros	Field value is zeros	Error
			Alert if value is > 10000	Value is > 10000	Warning
CDI05	Compound Drug Dosage Units Code	RR	Error if empty or null	Field value is missing	Error
			Value must be numeric	Field value is not a valid number	Error
			Value must be “01”, “02” or “03”	Field value is invalid	Error

Segment: AIR – Additional Information Reporting					
This is a <u>required segment</u> for data submissions into the <i>PMP Registry</i> . It is used to capture state-issued serialized Rx pad information.					
Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
AIR01	State Issuing Rx Serial Number (for e-prescriptions, this is the State of prescriber who generated the prescription)	RR	Error if empty or null	Field value is missing	Error
			Must be a valid 2 letter USPS state code	Field value is not on file	Error
AIR02	State Issued Rx Serial Number	RR	Error if empty or null	Field value is missing	Error
			Error if all zeros	Field value is zeros	Error
			Value length must be 8 characters	Value is invalid number of characters	Error
The following are additional requirements when AIR01="NY" and is not an E-prescription					
AIR02*	State Issued Rx Serial Number	RR	Value = “zzzzzzzz”	Serial number for dispensing veterinarians , dispensing practitioners and non-NY prescribers	Warning
			Value must be < maximum serialized script number	Field value is > Max-Script	Error
			Value must begin with same character as the maximum serialized script number	Invalid format for Script Prefix	Error

			Value must not contain a vowel	No vowels allowed	Error
			Last two digits must be numeric	Last two digits must be 00-99	Error
			If old script number, then characters 2-7 must be numeric	Field value is invalid	Error
			Only 5-day supply for oral scripts	Oral Script (9s) > 5 days supply	Warning

*For oral prescriptions AIR02 must be "99999999". For e-prescriptions from NYS prescribers, AIR02 must be "eeeeeeee". See the edits for DSP20 and DSP21.

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
AIR03	ID Issuing Jurisdiction	S			
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	S			
AIR05	ID of Person Dropping Off or Picking Up Rx	S			
AIR06	Relationship of Person Dropping Off or Picking Up Rx	S			
AIR07	Last Name of Person Dropping Off or Picking Up Rx	S			
AIR08	First Name of Person Dropping Off or Picking Up Rx	S			
AIR09	Last Name or Initials of Pharmacist	S			
AIR10	First Name of Pharmacist	S			
AIR11	Dropping Off/Picking Up Identifier Qualifier	S			

<< SUMMARY >>

Segment: TP – Pharmacy Trailer

This is a required summary 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 segments).

Reference	Data Element Name	Usage	Edit Validations	Error Message	Type
TP01	Detail Segment Count	R (!)			

Segment: TT – Transaction Trailer

This is a required summary segment used to identify the end of the transaction and provide the count of the total number of segments included in the transaction.

TT01	Transaction Control Number	R (!)			
TT02	Segment Count	R (!)			

Appendix B: Manual Entry Submission

Pharmacy Manual Entry Instructions

(Dispensing Practitioners and Medical Cannabis instructions follow)

The following charts define the fields for manual entry into the Prescription Monitoring Program (PMP) Data Collection Tool. This data populates the NYSDOH PMP Registry. All required data elements are shown in red (i.e., **Field Label***). These will return an error if the entered data is incorrectly formatted. All errors must be corrected before the record can be successfully submitted. Based on your organization type (Pharmacy, Dispensing Practitioner or Medical Cannabis Dispensary), the instruction documents can be referenced on the Manual Entry screen.

General Information		
Field Label	Action	Description of Field Contents
NABP*	Populated from previous screen. Can edit if needed.	The NABP number of the pharmacy
Pharmacy DEA*	Populated from previous screen. Can edit if needed	The DEA number of the pharmacy
Pharmacy NPI	Optional	National Provider Identifier (NPI) assigned to the pharmacy by CMS
Pharmacy Permit/License #	Optional	NYS Board of Pharmacy registration number
Phone #	Optional	Pharmacy phone number
Last Name or Initials of Pharmacist	Optional	Last name or initials of dispensing pharmacist
First Name of Pharmacist	Optional	First name of dispensing pharmacist
Pharmacist NPI	Optional	National Provider Identifier (NPI) assigned to the pharmacist by CMS
Pharmacist State License #	Optional	License number assigned to the pharmacist by state licensing board
Submission Type*	Required, Select one	Select ‘New’ to report a dispensed controlled substance. Select ‘Correction’ to correct a previous submission. The Pharmacy NABP Number, Rx Number and Date Filled must match original entry to correct a record.
Patient Information		
Field Label	Action	Description of Field Contents
Species*	Required, Select one	Select Human or Animal
Gender*	Required, Select one	Male (Veterinarians – include male animal, even if neutered) Female (Veterinarians – include female animal, even if spayed) Unknown
Date of Birth*	Required	Patient’s date of birth (MM/DD/YYYY) format.
Last Name*	Required	Patient’s last name. If the patient is an animal species, enter the owner’s last name.
First Name*	Required	Patient’s first name. If the patient is an animal species, enter the owner’s first name.
Middle Name	Optional	Patient’s middle name

Field Label	Action	Description of Field Contents
Animal Name*	Required, If Animal	The name of pet if patient is an animal species.
Address*	Required	Patient’s street address
Address 2	Optional	Additional address information (if applicable)
City*	Required	Patient’s city
State*	Required, Select one	Patient’s state
Zipcode*	Required, Select one	Patient’s postal zip code
Country of Non-U.S. Resident	Optional	Use when patient’s address is a foreign country
Patient Location	Optional	Dropdown menu to indicate the location of the patient when receiving prescribed medications.
Phone #	Optional	Phone number of patient (including area code)
Prescription Information		
Field Label	Action	Description of Field Contents
RX Number*	Required	The unique number assigned to a prescription by the pharmacy. This value can be any combination of numbers and letters and can be up to a length of 25.
Date Written*	Required	Date the practitioner writes the prescription for the patient (MM/DD/YYYY).
Date Filled*	Required	Date the pharmacy fills the prescription (MM/DD/YYYY).
Date Sold*	Required	Date the prescription left the pharmacy
Refills Authorized*	Required, Select one	‘00’ = No Refills ‘01’ = One Refill ‘02’ = Two Refills ‘03’ = Three Refills ‘04’ = Four Refills ‘05’ = Five Refills New York State law allows only up to five refills on certain controlled substance medications.
Refill Number*	Required, Select one	‘00’ = Original Fill ‘01’ = First Refill ‘02’ = Second Refill ‘03’ = Third Refill ‘04’ = Fourth Refill ‘05’ = Fifth Refill New York State law allows only up to five refills on certain controlled substance medications.
Partial Fill Indicator*	Required, Select one	Indicate: ‘00’ if the prescription is not a partial fill. ‘01’ = First Partial Fill ‘02’ = Second Partial Fill ‘03’ = Third Partial Fill Additional partial fills can be reported up to ‘99’.
Quantity Prescribed	Optional	The number of tablets, capsules, units or milliliters of liquid prescribed. Must be a numeric entry.

Field Label	Action	Description of Field Contents
Quantity Dispensed*	Required	The number of tablets, capsules, units or milliliters of liquid dispensed. Must be a numeric entry.
Drug Dosage Units*	Required, Select One	EACH – tablet, capsule, patch MILLILITERS – liquid (ml) such as vial, syringe, syrup GRAMS – solid (gm) such as powder, cream, ointment
Days Supply*	Required	The number of day’s supply of controlled substance dispensed. Must be a numeric entry.
NDC Code*	Required	Drug products are identified and reported using a unique 11-digit, 3-segment number called the National Drug Code (NDC) that is located on the medication label either above the drug name or near the UPC code. Manufacturers often omit a leading zero in the NDC code; when submitting data, a zero must be placed at the BEGINNING of each segment so that it will always contain a 5-4-2 configuration. For Example: <ul style="list-style-type: none"> • If NDC appears as “1234-5678-90” (missing 0 in 1st segment), enter it as “01234-5678-90” • If NDC appears as “54321-123-98” (missing 0 in 2nd segment), enter it as “54321-0123-98” • If NDC appears as “54321-1234-8” (missing 0 in 3rd segment), enter it as “54321-1234-08”
Payment Type*	Required, Select one	The method of payment for the dispensed controlled substance.
Practitioner DEA*	Required	Drug Enforcement Administration registration number of the prescriber who issued the prescription.
Practitioner DEA Suffix	Optional	The identifying number assigned to a prescriber by an institution when the institution’s DEA number is used.
XDEA #	Optional	Number assigned to physician authorized to prescribe, administer or dispense approved controlled substances for detoxification and maintenance per the Drug Addiction Treatment Act (DATA)
Prescriber NPI	Optional	Identifier assigned to the prescriber by CMS
Prescriber State License #	Optional	Identification assigned to the prescriber by the state licensing board
Phone #	Optional	Phone number of prescriber (including area code)
Diagnosis Code	Optional	ICD-10 code if included in the prescription
Treatment Type	Optional	Dropdown menu to indicate reason for controlled substance being prescribed

Field Label	Action	Description of Field Contents
Rx SIG	Optional	Directions printed on the prescription label (Maximum Length: 200 characters)
Transmission Form of Rx Origin*	Required, Select one	Dropdown menu to indicate how the pharmacy received the prescription
State Issuing Rx Serial #*	Required	U.S.P.S. state code of state that issued the serialized prescription blank (e.g., VT, NJ, NY, ME, MA, PA, CT, etc.)
Official Rx Serial Number*	Required	This is the 8-digit number on the bottom of the Official Prescription Form. <ul style="list-style-type: none"> • Non-NY prescriber enter ‘zzzzzzzz’ • Electronic Prescription enter ‘eeeeeeee’ • Oral Prescription enter ‘99999999’
Electronic Prescription Reference #	Optional	Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction
Electronic Prescription Order #	Optional	Initiator Control Number from field UIH-030-01 in SCRIPT standard

Dispensing Practitioner Manual Entry Submission Instructions

The following represents the field definitions required for the interactive direct manual entry of reporting data to the NYSDOH for acceptance into the New York State Prescription Monitoring Program (PMP) Registry. All data elements required for manual entry will present an error if data is incorrectly formatted. Correction in such situations is required before the data can be successfully submitted.

General Information		
Field Label	Action Required	Description of Field Contents
DEA of Ordering Practitioner*	Populated from Previous Screen. Can Edit if Needed	The DEA number of the individual who ordered the controlled substances for your practice.
Submission Type*	Required	Select ‘New’ to report a dispensed controlled substance. Select ‘Correction’ to correct a previous submission. The DEA number of Ordering Practitioner, Rx Number and Date Filled must match original entry to correct a record.
Patient Information		
Field Label	Action Required	Description of Field Contents
Species*	Required, Select one	Select Human or Animal .
Last Name*	Required	Patient’s last name. If the patient is an animal species, enter the owner’s last name.
First Name*	Required	Patient’s first name. If the patient is an animal species, enter the owner’s first name.

Field Label	Action Required	Description of Field Contents
Animal Name	Required	Veterinarians: Enter name of pet if patient is an animal species.
City*	Required	Patient's city
Address*	Required	Patient's street address
State*	Required	Patient's state
Zipcode*	Required	Patient's postal zip code
Date of Birth*	Required	Patient's date of birth (MM/DD/YYYY) format.
Gender*	Required, Select one	Male (Veterinarians – include male animal, even if neutered) Female (Veterinarians – include female animal, even if spayed) Unknown
Prescription Information		
Field Label	Action Required	Description of Field Contents
Date Filled*	Required	Date the dispensing practitioner delivered the controlled substances to the patient/animal to take home (MM/DD/YYYY).
RX Number*	Required	Each controlled substance dispensed must be given a unique RX Number that is used only once for that day's dispensing. The number can be any combination of numbers or letters and may be up to 25 characters in length. Example: Chart Number 123456 - 1st Rx Number for that patient for that day = 123456A - 2nd Rx Number for that patient for that day = 123456B
Quantity Dispensed*	Required	The number of tablets, capsules, units or milliliters of liquid dispensed. Must be a numeric entry.
Drug Dosage Units*	Required, Select One	EACH – tablet, capsule, patch MILLILITERS – liquid (ml) such as vial, syringe, syrup GRAMS – solid (gm) such as powder, cream, ointment
Days Supply*	Required	The number of day's supply of controlled substance dispensed. Must be a numeric entry.
Practitioner DEA*	Required	Drug Enforcement Administration registration number of the practitioner who dispensed the controlled substance.

Field Label	Action Required	Description of Field Contents
NDC Code*	Required	<p>Drug products are identified and reported using a unique 11-digit, 3-segment number called the National Drug Code (NDC) that is located on the medication label either above the drug name or near the UPC code.</p> <p>Manufacturers often omit a leading zero in the NDC code; when submitting data, a zero must be placed at the BEGINNING of each segment so that it will always contain a 5-4-2 configuration. For Example:</p> <ul style="list-style-type: none"> • If NDC appears as “1234-5678-90” (missing 0 in 1st segment), enter it as “01234-5678-90” • If NDC appears as “54321-123-98” (missing 0 in 2nd segment), enter it as “54321-0123-98” • If NDC appears as “54321-1234-8” (missing 0 in 3rd segment), enter it as “54321-1234-08”
Payment Type*	Required, Select one	The method of payment for the dispensed controlled substance.

Medical Cannabis Manual Entry Submission Instructions

The following represents the field definitions required for the interactive direct manual entry of reporting data to the NYSDOH for acceptance into the New York State Prescription Monitoring Program (PMP) Registry. All data elements required for manual entry (i.e., **Field Label***) will present an error if data is incorrectly formatted.

Correction in such situations is required before the data can be successfully submitted.

General Information		
Field Label	Action	Description of Field Contents
NABP*	Populated from previous screen. Can edit if needed.	The NABP number of the pharmacy.
Pharmacy NPI	Optional	National Provider Identifier (NPI) assigned to the pharmacy by CMS
Pharmacy Permit/License #	Optional	NYS Board of Pharmacy registration number
Phone #	Optional	Pharmacy phone number
Last Name or Initials of Pharmacist	Optional	Last name or initials of dispensing pharmacist
First Name of Pharmacist	Optional	First name of dispensing pharmacist
Pharmacist NPI	Optional	National Provider Identifier (NPI) assigned to the pharmacist by CMS
Pharmacist State License #	Optional	License number assigned to the pharmacist by state licensing board

Field Label	Action	Description of Field Contents
Submission Type*	Required, Select one	Select 'New' to report a dispensed controlled substance. Select 'Correction' to correct a previous submission. The DEA number of Ordering Practitioner, Rx Number and Date Filled must match original entry to correct a record.
Patient Information		
Field Label	Action	Description of Field Contents
Species*	Required, Select one	Select Human or Animal
Gender*	Required, Select one	Male (Veterinarians – include male animal, even if neutered) Female (Veterinarians – include female animal, even if spayed) Unknown
Date of Birth*	Required	Patient's date of birth (MM/DD/YYYY) format.
Last Name*	Required	Patient's last name. If the patient is an animal species, enter the owner's last name.
First Name*	Required	Patient's first name. If the patient is an animal species, enter the owner's first name.
Middle Name	Optional	Patient's middle name
Animal Name*	Required, if animal	The name of pet if patient is an animal species
Address*	Required	Patient's street address
Address 2	Optional	Additional address information (if applicable)
City*	Required	Patient's city
State*	Required, Select one	Patient's state
Zipcode*	Required, Select one	Patient's postal zip code
Country of Non-U.S. Resident	Optional	Use when patient's address is a foreign country
Patient Location	Optional	Dropdown menu to indicate the location of the patient when receiving prescribed medications.
Phone #	Optional	Phone number of patient (including area code)
Prescription Information		
Field Label	Action	Description of Field Contents
RX Number*	Required	The unique number assigned to a prescription by the pharmacy. This value can be any combination of numbers and letters and can be up to a length of 25.
Date Written*	Required	Date the practitioner writes the prescription for the patient (MM/DD/YYYY).
Date Filled*	Required	Date the pharmacy fills the prescription (MM/DD/YYYY).
Date Sold*	Required	Date the prescription left the pharmacy

Field Label	Action	Description of Field Contents
Refills Authorized*	Required, Select one	'00' = No Refills '01' = One Refill '02' = Two Refills '03' = Three Refills '04' = Four Refills '05' = Five Refills New York State law allows only up to five refills on certain controlled substance medications.
Refill Number*	Required, Select one	'00' = Original Fill '01' = First Refill '02' = Second Refill '03' = Third Refill '04' = Fourth Refill '05' = Fifth Refill New York State law allows only up to five refills on certain controlled substance medications.
Partial Fill Indicator*	Required, Select one	Indicate: '00' if the prescription is not a partial fill. '01' = First Partial Fill '02' = Second Partial Fill '03' = Third Partial Fill Additional partial fills can be reported up to '99'.
Quantity Prescribed	Optional	The number of tablets, capsules, units or milliliters of liquid prescribed. Must be a numeric entry.
Quantity Dispensed*	Required	The number of tablets, capsules, units or milliliters of liquid dispensed. Must be a numeric entry.
Drug Dosage Units*	Required, Select One	EACH – tablet, capsule, patch MILLILITERS – liquid (ml) such as vial, syringe, syrup GRAMS – solid (gm) such as powder, cream, ointment
Days Supply*	Required	The number of day's supply of controlled substance dispensed. Must be a numeric entry.
NDC Code*	Required	Drug products are identified and reported using a unique 11-digit, 3-segment number called the National Drug Code (NDC) that is located on the medication label either above the drug name or near the UPC code. Manufacturers often omit a leading zero in the NDC code; when submitting data, a zero must be placed at the BEGINNING of each segment so that it will always contain a 5-4-2 configuration. For Example: <ul style="list-style-type: none"> • If NDC appears as "1234-5678-90" (missing 0 in 1st segment), enter it as "01234-5678-90" • If NDC appears as "54321-123-98" (missing 0 in 2nd segment), enter it as "54321-0123-98" • If NDC appears as "54321-1234-8" (missing 0 in 3rd segment), enter it as "54321-1234-08"

Field Label	Action	Description of Field Contents
Payment Type*	Required, Select one	The method of payment for the dispensed controlled substance.
Practitioner DEA*	Required	Drug Enforcement Administration registration number of the prescriber who issued the prescription.
Practitioner DEA Suffix	Optional	The identifying number assigned to a prescriber by an institution when the institution’s DEA number is used.
XDEA #	Optional	Number assigned to physician authorized to prescribe, administer or dispense approved controlled substances for detoxification and maintenance per the Drug Addiction Treatment Act (DATA)
Prescriber NPI Number	Optional	Identifier assigned to the prescriber by CMS
Prescriber State License #	Optional	Identification assigned to the prescriber by the state licensing board
Phone #	Optional	Phone number of prescriber (including area code)
Diagnosis Code	Optional	ICD-10 code if included in the prescription
Treatment Type	Optional	Dropdown menu to indicate reason for controlled substance being prescribed
Rx SIG	Optional	Directions printed on the prescription label (Maximum Length: 200 characters)
Transmission Form of Rx Origin*	Required, Select one	Dropdown menu to indicate how the pharmacy received the prescription
State Issuing Rx Serial #*	Required	U.S.P.S. state code of state that issued the serialized prescription blank (e.g., VT, NJ, NY, ME, MA, PA, CT, etc.)
Official Rx Serial Number*	Required	This is the 8-digit number on the bottom of the Official Prescription Form. <ul style="list-style-type: none"> • Non-NY prescriber enter ‘zzzzzzzz’ • Electronic Prescription enter ‘eeeeeeee’ • Oral Prescription enter ‘99999999’
Electronic Prescription Reference #*	Required	Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction
Electronic Prescription Order #*	Required	Initiator Control Number from field UIH-030-01 in SCRIPT standard
Additional Information		
Field Label	Action	Description of Field Contents
Relationship of Person Dropping Off or Picking Up Rx*	Required	Dropdown menu to indicate relationship to the person dropping off or picking up the prescription
Last Name of Person Dropping Off or Picking Up Rx*	Required	Last name of person dropping off or picking up
First Name of Person Dropping Off or Picking Up Rx*	Required	First name of person dropping off or picking up

Field Label	Action	Description of Field Contents
ID Qualifier of Person Dropping Off or Picking Up Rx*	Required	Dropdown menu to indicate type of ID person dropping off or picking up presented to the pharmacy
ID of Person Dropping Off or Picking Up Rx*	Required	ID number of the person dropping off or picking up
ID Issuing Jurisdiction*	Required	Dropdown to indicate the jurisdiction issuing the ID of the person dropping off or picking up
Dropping Off/Picking Up Identifier Qualifier*	Required	Dropdown to indicate ID information submitted is for the person dropping off or picking up

Appendix C: Zero Reporting Specifications

Background

The information on the following pages defines the fields required for submitting Zero Reporting data files into the Prescription Monitoring Program (PMP) Data Collection Tool. Zero reporting may also be submitted via direct manual entry as described in Chapter 4 of this guide.

Electronic file submissions must adhere to the American Society for Automation in Pharmacy (ASAP) version 4.2, 4.2a or 4.2b character-delimited data formatting standards described in this guide. All information in this Appendix comes from ASAP specifications.

General Composition

The Zero Report standard is a complete transaction and includes all fields indicated within [Appendix A: Data File Specifications](#). The Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report.

Every upload file utilizes the following core components to electronically communicate the Zero Reporting data into the PMP Data Collection Tool:

- **Segment** – the ASAP standard; uses a segment to convey information.
- **Segment Identifier** – a segment identifier; indicates the beginning of a new segment.
- **Data Element** – each segment consists of various data elements including a reference (field name) and data element name (description). Usage for reporting purposes is identified within this Appendix as follows:
 - **R (!)** = Required by ASAP
 - **RR** = Required by the NYSPMP

IMPORTANT: Data elements identified as either “R (!)” or “RR” must be reported. Data elements identified with a “!” following their usage type are additionally required to pass minimum system parsing. Data files missing any such elements will be rejected during the file upload process.

To indicate a zero report, the following three ASAP data elements within the data file's Detail Segment must be populated as follows:

- **PAT07 (First Name)** = “Report”
- **PAT08 (Last Name)** = “Zero”
- **DSP05 (Date Filled)** = Date of submission

Data files submitted without these three data elements being properly populated to indicate a zero report will automatically be assumed to be a report of dispensed controlled substance prescription data.

- **Data Delimiter** – an ASCII character, typically an asterisk (*), used to separate data elements within a segment. Each completed data element should be followed by a data delimiter, and each blank data element should contain a single data delimiter. You cannot use a caret (^) as the data delimiter.
- **Segment Terminator** – a character, typically a tilde (~), used to indicate the end of a segment.

Core Reporting Segments

Header

- TH – Transaction Header
- IS – Information Source
- PHA – Pharmacy Header

Detail

- PAT – Patient Information
- DSP – Dispensing Record
- PRE – Prescriber Information
- CDI – Compound Drug Ingredient Information
- AIR – Additional Information Reporting

Summary

- TP – Pharmacy Trailer
- TT – Transaction Trailer

File Rejection

All data elements that are required for zero reporting file submissions will be rejected if data is incorrectly formatted. Correction in such situations is required before the data can be successfully submitted.

ASAP Reference Information		NYSPMP Field Requirements	
Reference	Data Element Name	Usage	Required Contents
<< HEADER >>			
Segment: TH – Transaction Header			
This is a required header segment which indicates the beginning of a transaction. It also assigns the segment terminator, data element separator and control number.			
TH01	Version/Release Number	R (!)	Value must be "4.2, 4.2a, or 4.2b"
TH02	Transaction Control Number	R (!)	Value must be unique
TH05	Creation Date	R (!)	Value must be in format "CCYYMMDD"
TH06	Creation Time	R (!)	Value must be in format "HHMMSS" or "HHMM"
TH07	File Type	R (!)	Value must be "P" or "T"
TH09	Segment Terminator Character	R (!)	
Segment: IS – Information Source			
This is a required header segment which is used to convey the name and identification numbers of the entity supplying the information.			
IS01	Unique Information Source ID	R(!)	Reference Number or Identifier. Can be phone number. No hyphens
IS02	Information Source Entity Name	R (!)	Value must be name of pharmacy
IS03	Message	RR	Value must be in format of "#CCYYMMDD#-#CCYYMMDD#" (Period_Start_Date to Period_End_Date)
Segment: PHA – Pharmacy Header			
This is a required header segment which is used to convey pharmacy information.			
PHA02	NCPDP/NABP Provider ID	RR (!)	Value must be a valid NCPDP/NABP identification number (Veterinarians – repeat DEA number in PHA02 and PHA03)
PHA03	DEA Number	RR (!)	Value must be a valid DEA number
<< DETAIL >>			
Segment: PAT – Patient Information			
This is a required detail segment which is used to report the patient's name and basic information as contained in the pharmacy record.			
PAT07	Last Name	R (!)	Value must equal "Report"
PAT08	First Name	R (!)	Value must equal "Zero"

Reference	Data Element Name	Usage	Required Contents
Segment: DSP – Dispensing Record This is a required detail segment which is used to report basic components of a dispensing of a given prescription order including the date and quantity.			
DSP05	Date Filled	R (!)	Value must be the submission date of the zero report in “CCYYMMDD” format (range of reporting dates is designated using IS03)
Segment: PRE – Prescriber Information This is a required detail segment containing no data elements for the purposes of Zero Reporting.			
Segment: CDI – Compound Drug Ingredient Information This is a required detail segment containing no data elements for the purposes of Zero Reporting.			
Segment: AIR – Additional Information Reporting This is a required detail segment containing no data elements for the purposes of Zero Reporting.			
<< SUMMARY >>			
Segment: TP – Pharmacy Trailer This is a required summary 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 segments).			
TP01	Detail Segment Count	R (!)	Value includes PHA segment, all Detail segments and TP segment.
Segment: TT – Transaction Trailer This is a required summary segment used to identify the end of the transaction and provide the count of the total number of segments included in the transaction.			
TT01	Transaction Control Number	R (!)	Value must match TH02
TT02	Segment Count	R (!)	Value must be total number of segments (including header and trailer segments)

Sample

ASAP 4.2

```

TH*4.2*123456*01**20130506*12345*P**~
IS*9876*Any Pharmacy INC*#20130501#-#20130514#~
PHA*1234567890*2588462*FA9999991*Any Pharmacy INC.*123 Some
St**Anyplace*NY*12345*5551234567*1234567~
PAT*****Report*Zero*****~
DSP*****20130515*****~
PRE***~
CDI*****~
AIR*~
TP*7~
TT*123456*10~
    
```