TENNESSEE CONTROLLED SUBSTANCE
MONITORING DATABASE DATA COLLECTION MANUAL
Effective: August 9, 2023

Bamboo Health

Contact Information: 866-683-9771

https://tennesseedatacollection.zendesk.com/hc/en-us

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TENNESSEE CONTROLLED SUBSTANCE MONITORING DATABASE DATA COLLECTION MANUAL

In accordance with Tennessee Code Annotated (T.C.A.) § 53-10-301, *et seq.*, the Tennessee Department of Health has established a program to monitor the prescribing and dispensing of Schedules II, III, IV & V controlled substances. Beginning 1/1/2016, T.C.A. § 53-10-305(b)(2) states the information required to be submitted to the database shall be submitted "each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit information at least once every fourteen (14) days."

SUBMITTING THE DATA

Dispensers will report the required dispensing information as defined in Tenn. Code Ann.

§ 53-10-305 and by Rule to Bamboo Health. Bamboo Health, a private contractor, working on behalf of Tennessee will collect all required data and manage the technical aspects of the program.

For assistance, please see the [Assistance and Support section](#) of this document.

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR

§ 164.512, paragraphs (a) and (d). The Tennessee Board of Pharmacy is a health regulatory agency and Bamboo Health is acting as an agent of Tennessee Board of Pharmacy in the collection of these data.

Current required format is ASAP 4.2A (June 2017 version). If dispenser is not compliant, please contact the CSMD at CSMD.Admin@tn.gov or 615-253-1305 to discuss the dispenser's situation.

REPORTING PROCEDURES and FILE TYPES

All controlled substances contained in Schedules II, III, and IV which are dispensed, and all Schedule V controlled substances identified by the Controlled Substance Monitoring Database (CSMD) Committee as demonstrating a potential for abuse must be reported per T.C.A. § 53-10-304(d). As of January 26, 2022, Schedule V controlled substances which may be dispensed without a prescription do not have to be reported to the database.

All dispensers licensed by the State of Tennessee that dispense Schedules II-V controlled substances are required to submit the information by one of the following data submission methods.

Website Upload/Prescription File Uploads

The user must use the login credentials provided to sign into the user account at the following website: **www.tnrxreport.com**. You may also register for account access at this website.

This secure website address is provided for uploading data to the TN Controlled Substance Monitoring Database Data Collection website, which utilizes 256-bit encryption. Dispensers can access the secure website via a web browser.

Please inform the software vendor submitting on dispenser's behalf that the dispenser's data must be in the ASAP 4.2A format (June 2017 version) as a .dat or .txt file.

The dispenser's file will need to be named according to the following rules: Dispenser DEA Number, the date submitted, followed by .dat or .txt. **Note**: The file extension is not case-sensitive and may be submitted as either ".DAT" | ".TXT" or ".dat" | ".txt"

Therefore, if the Dispenser DEA number is AB1234567 and the dispenser is submitting on April 1, 2013, the file name would look like this: ***AB1234567040113.dat.***

Please name dispenser files accordingly when submitting controlled substance prescription information to TN. This will assist the dispenser with keeping accurate records of the information reported to TN Controlled Substance Monitoring Database Data Collection and will assist with locating this information in a timely and efficient manner, should this be necessary.

Uploading Dispenser file

Create a file using the pharmacy software and save it to a computer's hard drive.

Login to www.tnrxreport.com with username and password.

Go to the **Data Collection menu** > Choose "**File Upload" from the dropdown menu. Click "Browse" or "Choose File"** to locate the file.

Highlight the File, then **Click Open** (the file will populate in the File Name field.)

Click "Upload" to send the file to TN Controlled Substance Monitoring Database Data Collection.

Confirmation will appear at the top of the window indicating the file was uploaded successfully and the file will be processed by the batch processor within 24 hours.

Once the batch processor has processed the file, you will be notified via the message center and email. A valid email address must be provided.

All uploaded files and file status may be viewed on the "View Uploaded files" tab on the File Upload page. This page will show a history of all files submitted to the program, their status, and any errors contained within the file. Corrections may also be made via the View

Uploaded Files tab. (See the section "Errors and Corrections".)

SFTP Transfer - Dispenser

If a dispenser will be submitting the prescription files automatically through a dispenser software via SFTP transmission, please go to www.tnrxreport.com and register. The information in the registration should be that of the individual who will be setting up the SFTP, submitting the files and responsible for error correction. During registration select in the form that a SFTP account is needed.

When the Data Collection account is approved, the individual who registered at the dispensing site will receive two (2) sets of credentials, one for access to the Data Collection application and the other set of credentials to use for the SFTP server. The registered individual, if using a software company to submit dispensations will need to provide the SFTP credentials to that software company to assist in setup to submit files.

Please use the below information to connect to the SFTP server: Host: sftp.tncsmd.com

Port: 22 (SFTP), 991 (FTPS Implicit) or, 21 (FTPS Explicit) Please note: Not all pharmacy software systems can submit prescription data via a SFTP connection. Please contact your software company used for the dispensing site to determine the best method for data submission.

If a software company is registering to submit for multiple dispensing sites or if you are a corporate submitter registering, please go to www.tnrxreport.com and register. Please enter the individual's name in the profile who will be responsible for submitting the files and for error corrections. In the registration please select that a SFTP account is needed.

When the Data Collection account is approved, the individual who registered will receive two (2) sets of credentials. One set of credentials will be used for the TN Controlled Substance Monitoring Database Data Collection application and the other set will be used to set up the SFTP server to submit files.

Please use the information below to connect to the SFTP server: Host: sftp.tncsmd.com

Port: 22 (SFTP), 991 (FTPS Implicit) or, 21 (FTPS Explicit) Please note: Not all pharmacy software systems can submit prescription data via a SFTP connection.

Please note: the legacy sftp server is no longer active.

ALTERNATIVE REPORTING METHODS

Manual Entry (through the application - no waiver required)

If reporting using this manual entry method the entry screen in the application has been updated to the ASAP 4.2A (June 2017 version).

A sample of the information required to fill out in the entry screen if you are dispensing to human patients is located in "Human Dispensations: What is required" and if you are dispensing prescriptions for animals, please refer to Animal Dispensations on Addendum 5.

To access the Manual Entry screen in Data Collection, login to www.tnrxreport.com with the username and password associated with the Data Collection User Profile.

Hover over Data Collection Menu ➔ Click Manual Entry menu item

As explained in the '**WHAT DATA IS MANDATORY, WHAT IS OPTIONAL'** section, the dispenser must have at least the mandatory data available to manually enter prescriptions. Enter the required fields and remember to save before entering additional prescriptions. Failure to save will create flawed/incorrect prescription records.

Alternative Reporting Methods

If the dispenser does not have an automated record keeping system and can show that electronic reporting by any of the above methods creates an undue hardship, a waiver may be granted by the CSMD Committee that would allow the dispenser to submit in the following alternative method. The application for the waiver must be completed and submitted to the CSMD Administrator via fax or email. Dispensers must begin reporting in the alternate approved method below. Waiver is subject to approval by the CSMD Committee.

Paper Submission of Prescription (s) (requires a waiver)

The alternative form of submission requires an approved waiver by the CSMD Committee. This alternative method utilizes a paper Submission Form. There are separate forms dependent on the type of dispensation. (Human patient (Addendum 1) or animal patient (Addendum 2)) Once a paper form is completed for either a human or animal patient, the paper form must be faxed to Bamboo Health. The fax number for this method of reporting is (866) 282-7076.

For assistance please see the Assistance and Support section of this document.

No reporting should be done by paper without the express permission of the CSMD Committee.

ONLINE DATA REPORTING WEB SERVICE

Online Data Reporting Web Service

A secured web service (https://www.webservices.tnrxreport.com/datareporting.asmx) is used to transmit controlled substance prescription information via the secured web service and requires an internet connection with 128-bit encryption Secure Socket Layer (SSL).

The web service provides the following method to submit the prescription data.

Method Name	Description
SubmitTransaction	The web method validates processes and uploads the submitted prescription data. In case of any error, it will return an error message.

Request:

Field Name	Type	Description
Username	Text	Authorized username
ASAPBlock	Text	Complete ASAP V4.2A (June 2017 version)
Password	Text	Password

Response:

Field Name	Type	Description
TransactionID	Number	Unique Identifier for the transaction
TransactionStatus	Number	Processed (1) / Rejected (0)
FatalError	Boolean	Yes (1) / No (0)
ErrorMessage	Text	Message describing the error

WEB SERVICE DEFINITION LANGUAGE (WSDL)

The following Web Service description is used for reporting prescriptions in real-time to Tennessee's Controlled Substance Monitoring Database Data Collection program.

Web Service Description

<?xml version="1.0" encoding="UTF-8"?>

<wsdl:definitions xmlns:wsdl="http://schemas.xmlsoap.org/wsdl/" targetNamespace="https://www.tnrxreport.com/webservices/" xmlns:soapenc="http://schemas.xmlsoap.org/soap/encoding/" xmlns:http="http://schemas.xmlsoap.org/wsdl/http/" xmlns:tm="http://microsoft.com/wsdl/mime/textMatching/" xmlns:soap="http://schemas.xmlsoap.org/wsdl/soap/" xmlns:tns="https://www.tnrxreport.com/webservices/" xmlns:mime="http://schemas.xmlsoap.org/wsdl/mime/"

xmlns:soap12="http://schemas.xmlsoap.org/wsdl/soap12/" xmlns:s="http://www.w3.org/2001/XMLSchema">

ONLINE DATA REPORTING WEB SERVICE

```
<wsdl:types>
<s:schema targetNamespace="https://www.tnrxreport.com/webservices/" elementFormDefault="qualified">
 <s:element name="SubmitTransaction">
  <s:complexType>
   <s:sequence>
   <s:element name="PMPT" type="tns:PMPTransaction" maxOccurs="1" minOccurs="0"/>
  </s:sequence>
 </s:complexType>
</s:element>
<s:complexType name="PMPTransaction">
 <s:sequence>
  <s:element name="Username" type="s:string" maxOccurs="1" minOccurs="0"/>
  <s:element name="ASAPBlock" type="s:string" maxOccurs="1" minOccurs="0"/>
  <s:element name="Password" type="s:string" maxOccurs="1" minOccurs="0"/>
 </s:sequence>
</s:complexType>
<s:element name="SubmitTransactionResponse">
 <s:complexType>
 <s:sequence>
  <s:element name="SubmitTransactionResult" type="tns:PMPTransactionResult"
maxOccurs="1" minOccurs="0"/>
  </s:sequence>
 </s:complexType>
</s:element>
<s:complexType name="PMPTransactionResult">
 <s:sequence>
  <s:element name="TransactionID" type="s:string" maxOccurs="1" minOccurs="0"/>
  <s:element name="TransactionStatus" type="s:string" maxOccurs="1" minOccurs="0"/>
  <s:element name="FatalError" type="s:string" maxOccurs="1" minOccurs="0"/>
  <s:element name="ErrorMessage" type="s:string" maxOccurs="1" minOccurs="0"/>
 </s:sequence>
</s:complexType>
<s:element name="PMPWSSoapHeader" type="tns:PMPWSSoapHeader"/>
<s:complexType name="PMPWSSoapHeader">
 <s:sequence>
```

ONLINE DATA REPORTING WEB SERVICE

```
<s:element name="Version" type="s:string" maxOccurs="1" minOccurs="0"/>
  <s:element name="State" type="s:string" maxOccurs="1" minOccurs="0"/>
  </s:sequence>
  <s:anyAttribute/>
 </s:complexType>
 </s:schema>
</wsdl:types>
<wsdl:message name="SubmitTransactionSoapIn">
 <wsdl:part name="parameters" element="tns:SubmitTransaction"/>
</wsdl:message>
<wsdl:message name="SubmitTransactionSoapOut">
 <wsdl:part name="parameters" element="tns:SubmitTransactionResponse"/>
</wsdl:message>
<wsdl:message name="SubmitTransactionPMPWSSoapHeader">
 <wsdl:part name="PMPWSSoapHeader" element="tns:PMPWSSoapHeader"/>
</wsdl:message>
<wsdl:portType name="PMPWSSoap">
 <wsdl:operation name="SubmitTransaction">
 <wsdl:input message="tns:SubmitTransactionSoapIn"/>
 <wsdl:output message="tns:SubmitTransactionSoapOut"/>
 </wsdl:operation>
</wsdl:portType>
<wsdl:binding name="PMPWSSoap" type="tns:PMPWSSoap">
 <soap:binding transport="http://schemas.xmlsoap.org/soap/http"/>
 <wsdl:operation name="SubmitTransaction">
 <soap:operation style="document"
soapAction="https://www.tnrxreport.com/webservices/SubmitTransaction"/>
 <wsdl:input>
 <soap:body use="literal"/>
 </wsdl:input>
 <wsdl:output>
 <soap:body use="literal"/>
  <soap:header message="tns:SubmitTransactionPMPWSSoapHeader"
use="literal" part="PMPWSSoapHeader"/>
 </wsdl:output>
```

ONLINE DATA REPORTING WEB SERVICE

```
   </wsdl:operation>
 </wsdl:binding>
 <wsdl:binding name="PMPWSSoap12" type="tns:PMPWSSoap">
  <soap12:binding transport="http://schemas.xmlsoap.org/soap/http"/>
  <wsdl:operation name="SubmitTransaction">
   <soap12:operation style="document"
 soapAction="https://www.tnrxreport.com/webservices/SubmitTransaction"/>
   <wsdl:input>
    <soap12:body use="literal"/>
   </wsdl:input>
   <wsdl:output>
    <soap12:body use="literal"/>
    <soap12:header message="tns:SubmitTransactionPMPWSSoapHeader" use="literal"
 part="PMPWSSoapHeader"/>
   </wsdl:output>
  </wsdl:operation>
 </wsdl:binding>
 <wsdl:service name="PMPWS">
  <wsdl:port name="PMPWSSoap" binding="tns:PMPWSSoap">
   <soap:address location="https://www.webservices.tnrxreport.com/datareporting.asmx"/>
  </wsdl:port>
  <wsdl:port name="PMPWSSoap12" binding="tns:PMPWSSoap12">
   <soap12:address location="https://www.webservices.tnrxreport.com/datareporting.asmx"/>
  </wsdl:port>
 </wsdl:service>
</wsdl:definitions>
```

Sample Request:

```
POST /DataReporting.asmx HTTP/1.1 Host: www.webservices.tnrxreport.com Content-Type: text/xml;
charset=utf-8 Content-Length: length

SOAPAction:     "https://www.tnrxreport.com/webservices/SubmitTransaction"

<?xml version="1.0" encoding="utf-8"?>

<soap:Envelope xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:soap="http://schemas.xmlsoap.org/soap/envelope/">

<soap:Body>
```

ONLINE DATA REPORTING WEB SERVICE

```
<SubmitTransaction     xmlns="https://www.tnrxreport.com/webservices/">

<PMPT>

<Username>myusername</Username>

<ASAPBlock>     TH*4.2A*857463*01**20130115*1410*P**~~ IS*7564*Pharmacy Name*this is a
sample upload~

PHA***PharmacyDEANumber*PharmacyName*Address1*Address2*City*State*Zip*PhoneN
umber*ContactName*StoreNumber~

PAT***IDofPatient****LastName*FirstName****Address1*Address2*City*State*Zip*Phone
Number*DOB*GenderC ode*SpeciesCode*~

DSP*ReportingStatus*RxNumber*DateWritten*RefillsAuthorized*DateFilled*RefillNumber*ProductIDQ
ualifier*ProductID*QtyDispensed*DaysSupply**********~

PRE**PractitionerDEANumber***LastName*FirstName**~ TP*6~ TT*857463*8~

</ASAPBlock>

<Password>mypassw0rd</Password>

</PMPT>

</SubmitTransaction>

</soap:Body>

</soap:Envelope>
```

Sample Response

```
HTTP/1.1 200 OK

Content-Type: text/xml; charset=utf-8 Content-Length: length

<?xml version="1.0" encoding="utf-8"?>

<soap:Envelope xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:soap="http://schemas.xmlsoap.org/soap/envelope/">

<soap:Body>

<SubmitTransactionResponse   xmlns="https://www.tnrxreport.com/webservices/">

<SubmitTransactionResult>

<TransactionID>99999999</TransactionID>

<TransactionStatus>1</TransactionStatus>

<FatalError>0</FatalError>

<ErrorMessage></ErrorMessage>

</SubmitTransactionResult>

</SubmitTransactionResponse>
```

ONLINE DATA REPORTING WEB SERVICE

</soap:Body>

</soap:Envelope>

Sample Response (PMP Fatal Error Return)

HTTP/1.1 200 OK

Content-Type: text/xml; charset=utf-8 Content-Length: length

<?xml version="1.0" encoding="utf-8"?>

<soap:Envelope xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:soap="http://schemas.xmlsoap.org/soap/envelope/">

<soap:Body>

<SubmitTransactionResponse   xmlns="https://www.tnrxreport.com/webservices/">

<SubmitTransactionResult>

<TransactionID>0</TransactionID>

<TransactionStatus>1</TransactionStatus>

<FatalError>1</FatalError>

<ErrorMessage>The processing failed due to the invalid ASAP version. Please try again.</ErrorMessage>

</SubmitTransactionResult>

</SubmitTransactionResponse>

</soap:Body>

</soap:Envelope>

Transaction Response

The TN data collection web service will acknowledge the transaction with TransactionID,
TransactionStatus and Success or Failure notification.

TransactionID – Unique Transaction Identifier

<TransactionID>99999999</TransactionID>

TransactionStatus – Status of the transaction – Processed or Rejected

<TransactionStatus>1</TransactionStatus> Success

<FatalError>0</FatalError>

<ErrorMessage></ErrorMessage> Failure

<FatalError>1</FatalError>

<ErrorMessage>The processing failed due to the invalid ASAP version. Please try again.</ErrorMessage>

ERRORS and CORRECTIONS

Error Correction

Submitter will be notified of errors contained in prescription submission (s) via reports sent to the e-mail address contained in the submitter's user profile and in the message center in the data collection application. If a software company or corporate is submitting on behalf of a dispenser it is the responsibility of the software company or corporate submitter to make the dispensing site aware of any errors.

Helpful tip: If the **data to be revised is contained in RX Number (DSP02), Pharmacy DEA# (PHA03), Date Filled (DSP05), or Refill Number (DSP06), the best course of action is to delete the prescription and then submit** the prescription with the appropriate information. This also applies if you need to revise a compound prescription reported and any of the above elements will be changed.

The error report file name will be in the following format:

<DEA Number or Username>_ErrorReport_<MMddyyyy>.csv [e.g., BC6459398_ErrorReport_04022013.csv]

The sample error report will look like the following:

PRE03,DEA Number Suffix, Error,'GeneralError, 'General Surgery', value exceeds the length allowed; The allowed length for the field is 7;	DSP|00|1494185|20130110|0|20130110|0|01|00406324301|30.0000|7|01|01|02|||3|20130 110|||; PHA|1740295765|4435536|BW7777777|WALGREENS STORE|Addess1|Address2|Columbus|OH|373034907|4237457749| |05790; PRE|1982684361|AC2222222|General Surgery||Cox|Charles|; AIR|||||||||||;
:Duplicate Prescription.;	DSP|00|7355|20130103|0|20130103|0|01|10702002510|45.0000|30|01|||||1||||; PHA|||MS8888888|General Pharmacy|Pharmacy Address||Columbus|OH|99999|6153253394|LastName, FirstName|; PRE||MS9999999|||||; AIR|OH||OH||||||||;
more than one patient found for previously submitted prescription(s) or refill(s)	DSP|00|0111442|20121017|1|20130111|3|01|00591038501|60.0000|30|01|||||4||||
Patient details does not match with previously submitted prescription(s) or refill(s)	DSP|00|18152|20121228|0|20121228|0|01|00527144510|60.0000|30|01|||||99||||

Rejections

The data collection application will validate each file submitted, record by record, and will reject those records which do not meet the validation requirements. If there are a limited number of errors, only

ERRORS and CORRECTIONS

those records with errors will be rejected. The user will be notified via email contained in the user profile & the message center within the data collection application of the status of the file, and the errors contained within. If a software company or corporate is submitting on behalf of a dispenser **it is the responsibility of the software company or corporate** to make the dispensing site aware of any errors.

If the records in a file do not meet the required data specifications, the entire file may be rejected. **In this instance, the submitter will be notified via email contained in the user profile and the Message Center within the data collection application regarding the reason for this failure.** (A valid email address is required in the user profile for email notifications.)

Bamboo Health is not authorized to modify any data; therefore, the dispenser will be required to correct these errors through the website manually or resubmit the entire file, if necessary.

Viewing Submission Errors and File Upload Status:

The Data Collection website allows registered users associated to the dispensing site DEA to log in and view the status of Uploaded Files. A history of all files submitted to the program can be viewed on the "View Uploaded Files" tab under the Data Collection Menu. This page will also show the user any errors associated with a particular file and will allow the user to make corrections to these errors through the website. Please follow the details below to view the uploaded files and any errors associated with those files.

If corporate or a software company are submitting files on the dispenser's behalf the communications will be sent to the submitter of the files. It is the responsibility of corporate submitter or the software company submitter to make the Pharmacist in Charge and/or prescribing dispenser associated to the dispensing site aware of any errors that require correction. Any questions by any of the responsible parties (corporate, software vendor, Pharmacist in Charge, or prescribing dispenser) should contact Bamboo Health for assistance.

View File Upload Errors

Login to **www.tnrxreport.com** with the username and password associated to the submitter account.

Go to the **Data Collection Menu** -> Click on **File Upload**.

Click on the **View Uploaded Files** tab. This will display a history of all files submitted. Click on the **File** containing errors that you wish to correct.

Click on each individual error to see a detailed error description at the bottom of the page.

PRESCRIPTION CORRECTIONS

TN Controlled Substance Monitoring Database Data Collection Offers the Following Methods to Correct the Error

Option 1: Re-transmit with corrected data using ASAP format instructions

Correct the data in the dispensing site pharmacy management system software; regenerate the file and upload the data.

> Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. **The duplicate records require no action on the part**

ERRORS and CORRECTIONS

of the pharmacy or dispenser as the process will identify those records and not process them again.

You may also choose to correct only those records that were rejected and create a separate file to submit.

Option 2: Log into TN Controlled Substance Monitoring Database Data Collection and manually correct them

Correct the data online via the TN Controlled Substance Monitoring Database Data Collection website. This type of correction is manually performed and makes sense when there are minimal errors.

Login to **www.tnrxreport.com** with the username and password of the submitter account.

Go to the **Data Collection Menu** > Click on **File Upload**.

Click on the **View Uploaded Files** tab. This will display a history of all files submitted. Click on the File containing errors that you wish to correct

To the right of each error, click on the **paper/pencil icon.** You will then be shown a Prescription correction screen.

Correct the fields indicated, click the authorization checkbox, and then click Save. You will receive an online confirmation that the file was successfully saved.

PRESCRIPTION MAINTENANCE

For security purposes, data cannot be deleted by Bamboo Health once it is submitted to the program. To remedy any issues with prescription data submitted to TN Controlled Substance Monitoring Database Data Collection, go to the Prescription Maintenance page under the Data Management menu. Search for the prescription by the prescription number, Prescriber DEA, Date filled or any combination of these criteria. The registered user can then update the information by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking "save.' To delete the prescription, click on the prescription in question, check the authorization checkbox, and click "delete.'

TEST RUN UPLOAD FEATURE

This feature is provided to assist the user with identifying errors within a file, prior to submitting the information to TN Controlled Substance Monitoring Database Data Collection for reporting purposes. It is located under the Data Collection menu within the TN Controlled Substance Monitoring Database Data Collection website. The feature can be used for any type of file that it is submitted directly through the www.tnrxreport.com website.

The process is similar to submitting a dispensing site completed file, but will allow the user to see any errors, and correct those errors prior to the dispensing site's submission to TN Controlled Substance Monitoring Database Data Collection.

If the submitter has attempted to submit the dispensing site's file, and is receiving rejection notices or extensive errors, please utilize this function. This function may also assist the dispensing site's software vendor to identify any corrections that may be needed related to software or the format of the dispensing site's file.

This feature can also be used for files submitted via SFTP in the ASAP 4.2A (June 2017 version) by inserting "T" in TH07 File Type field. NOTE these files will not process to production but will provide notification back to submitter if there are any issues in the files. ONLY files with "P" in TH07 File Type field will process into production.

This feature will only test files that are in the ASAP 4.2A (June 2017 version) format.

TEST RUN USING SFTP

This feature allows a submitter to send Bamboo Health an ASAP file via SFTP. Bamboo Health will process the file according to the value submitted in TH07. If TH07 is submitted with a "P" then file will process, and data will be placed in production. If TH07 is submitted with a "T" the file will process **only** as a test file. Notification messages will be reported back to the submitter when submitting either a "P" or "T" in TH07.

EXEMPTIONS FROM REPORTING

- Any drug prescribed for administration directly to a patient during the course of inpatient or residential treatment in a hospital or nursing home licensed under title 68 or during the course of inpatient treatment in a hospital licensed under title 33.The drug is a complimentary package of medicinal drugs that are labeled as a drug sample or complimentary drug dispersed to the practitioner's own patients adequate to treat the patient for a maximum of forty-eight (48) hours in the regular course of practice without the payment of a fee or remuneration of

PRESCRIPTION MAINTENANCE

any kind.

- The drug is a sample of a schedule IV or schedule V controlled substance that is provided to the patient without charge. In order to be exempt from reporting, a sample of a Schedule IV drug must be in a quantity limited to an amount that is adequate to treat a patient for a maximum of seventy-two (72) hours. In order to be exempt from reporting, a sample of a Schedule V drug must be in a quantity limited to an amount that is adequate to treat a patient for a maximum of fourteen (14) days.

- The drug is dispensed by a licensed veterinarian and in a quantity limited to an amount that is adequate to treat the non-human patient for a maximum of five (5) days.

If you wish to submit a request for an exemption from reporting, please fill out the exemption/waiver request form located on the CSMD web site: http:www.tn.gov/health/csmd

- Navigate to the section titled "Applications"

- Select "Request an Exemption or a Waiver of Electronic Reporting (PH-4138)"

The exemption request must be approved by the CSMD Director before it is effective, and an approval letter will be mailed to the requestor.

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

**Controlled Substance Schedules II, III, IV and V - Summary of ASAP 4.2A (June 2017 version)
Data Elements Note: ASAP Version 4• Release 2A (June 2017 version). The information in the table is for controlled substances dispensed to humans, for more information concerning mandatory prescription data for animals please review Addendum 5.**

Visit www.asapnet.org to purchase a complete implementation guide for all ASAP formats. Navigate to publications to purchase.

Ref. Code	Data Element Name	Format	Attributes
		HEADER SEGMENTS	
	TH– TRANSACTION HEADER – REQUIRED		**Required Data for human dispensations**
TH01	Version/Release Number	4.2A (June 2017 version)	**Yes**
TH02	Transaction Control Number	Recommendation: Use a Globally Unique Identifier (GUID) or Other Nonrepeating Alphanumeric Combination to Populate this Field	**Yes**
TH03	Transaction Type	Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgment (Used in Response only.) 03 Error Receiving (Used in Response only.) 04 Void (Used to void a specific Rx in a real-time transmission, or an entire batch file that has been transmitted. When 04 is used the appropriate transaction control number in TH02 for the specific prescription or batch file must be included. When 04 is used only the TH Header Segment and the Transaction Trailer Segment are used.	Situational
TH04	Response ID	Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	Situational
TH05	Creation Date	Date the Transaction was Created Format: CCYYMMDD	**Yes**
TH06	Creation Time	Time the Transaction was Created Format: HHMMSS or HHMM	**Yes**
TH07	File Type	P = Production T = Test	**Yes**
TH09	Segment Terminator Character	Follow ASAP standard for what character to use for the Segment Terminator but some recommended characters are "/" or"~" or "|" or "*" but there are other options.	**Yes**
	IS– INFORMATION SOURCE – REQUIRED		
IS01	Unique Information Source ID	Example: Phone Number. However, if a Phone Number is Used to Populate this Field, Do Not Include Hyphens.	**Yes**
IS02	Information Source Entity Name	Entity Name of the Information Source (Pharmacy)	**Yes**

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
IS03	Message	Freeform text message. Use of this field is defined by the PDMP. Many PDMPs may designate this field to hold the submission period date range of the file transmitted. When used to indicate the date range, it must be the first data text in the field and must be inserted with using the following layout (where "#" and "-" are those literal characters): #CCYYMMDD#-#CCYYMMDD# For example, a pharmacy may be submitting records for the reporting period of March 1, 2012 through March 7, 2012 but only filled reportable prescriptions on March 3, and March 5. The full submission period date range would be reported in IS03 as #20120301#-#20120307# It is up to the PDMP to further define how to enter the submission date range for exceptional cases, such as for late submission records. Note: IS03 can also be used to show the date range for Zero Reports.	Optional
		PHA– PHARMACY HEADER– REQUIRED	
PHA01	National Provider Identifier (NPI)	Identifier assigned to the pharmacy by CMS. Used if required by the PDMP	If Available
PHA02	NCPDP/NABP Provider ID	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. Used if required by the PDMP.	If Available
PHA03	DEA Number	Identifier assigned to the Pharmacy by the Drug Enforcement Administration	**Yes**
PHA04	Pharmacy or Dispensing Prescriber Name	Freeform name of the pharmacy. Note: If a dispensing prescriber, the prescriber's name, and professional degree should be entered, such as John Doe MD.	**Yes**
PHA05	Address Information – 1	Freeform text for address information	**Yes**
PHA06	Address Information – 2	Freeform text for additional address information	Optional
PHA07	City Address	Freeform text for city name	**Yes**
PHA08	State Address	U.S. Postal Service State Code	**Yes**
PHA09	ZIP Code Address	U.S. Postal Service ZIP Code. Use if available	**Yes**
PHA10	Phone Number	Complete phone number including area code. No parenthesis or hyphens	**Yes**
PHA11	Contact Name	Freeform name	If Available
PHA12	Chain Site ID	Store number assigned by the chain to the pharmacy location. Used when PDMP needs to identify the specific pharmacy from which information is required.	If Available

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
PHA13	Pharmacy's Permit Number/License Number	Used to help identify the sending pharmacy	If pharmacy include license
DETAIL SEGMENTS			
PAT– PATIENT INFORMATION – REQUIRED			
PAT01	ID Qualifier of Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT03. Used if the PDMP requires such identification.	Situational
PAT02	ID Qualifier	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	Situational
PAT03	ID of Patient	Identification number for the patient as indicated in PAT02. An example would be the driver's license number	Situational
PAT04	ID Qualifier of Additional Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT06. Used if the PDMP requires such identification.	Situational
PAT05	Additional Patient ID Qualifier	Code to identify the type of ID in PAT06 if the PDMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	Situational
PAT06	Additional ID	Identification that might be required by the PDMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	Situational
PAT07	Last Name	Patient's Last Name	**Yes**
PAT08	First Name	Patient's First Name	**Yes**

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
PAT09	Middle Name	Patient's middle name or initial if available. Used if available in pharmacy system and required by the PDMP	If available
PAT10	Name Prefix	Patient's name prefix such as Mr. or Dr. Used if available in pharmacy system and required by the PDMP.	**Yes**. if applicable
PAT11	Name Suffix	Patient's name suffix such as Jr. or the III. Used if available in pharmacy system and if required by the PDMP	**Yes**, if applicable
PAT12	Address Information – 1	Freeform Text for Address Information	**Yes**
PAT13	Address Information – 2	Freeform Text for Address Information	Situational
PAT14	City Address	Freeform text for city name	**Yes**
PAT15	State Address	U.S. Postal Service state code if required by the PDMP. Note: Field has been sized to handle international patients not residing in the U.S.	**Yes**
PAT16	ZIP Code Address	Populate with Zeros if Patient Address is Outside the U.S.	**Yes**
PAT17	Phone Number	Complete phone number including area code when a state PDMP requires and is available in the pharmacy system. Note: Do not include hyphens in the number	**Yes**
PAT18	Date of Birth	Format: CCYYMMDD	**Yes**
PAT19	Gender Code	F = Female M = Male U = Unknown	**Yes**
PAT20	Species Code	Used if required by the PDMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient	**Yes**
PAT21	Patient Location Code	Code indicating where patient is located when receiving pharmacy services if required by the PDMP. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute-Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other	If Available

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
PAT22	Country of Non-U.S. Resident	Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. This is a freeform text field. ASAP does not provide a list of countries for this field. PDMPs may permit some of the other address fields to not be used if this field is populated.	Situational
PAT23	Name of Animal	Used if required by the PDMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of preparing the prescription.	Situational Can be used, but animal name for TN must also be included in PAT08. PAT07 should contain the pet owner last name.
DSP - DISPENSING RECORD - REQUIRED			
DSP01	Reporting Status	00 = New Record 01 = Revise 02 = Void	**Yes**
DSP02	Prescription Number	Serial number assigned to the prescription by the pharmacy	**Yes**
DSP03	Date Written	Date the prescription was written (authorized). Format: CCYYMMDD	**Yes**
DSP04	Refills Authorized	Number of Refills Authorized by the Prescriber	**Yes**
DSP05	Date Filled	Date prescription was prepared Format: CCYYMMDD	**Yes**
DSP06	Refill Number	0 Indicates Original Dispensing; 01-99 is the refill number	**Yes**
DSP07	Product ID Qualifier	01 = National Drug Code 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound (Used to Indicate it is a Compound. The CDI Segment the Becomes a Required Segment.)	**Yes**
DSP08	Product ID	Full Product Identification as Indicated in DSP07, Including Leading Zeros without Punctuation. If the product is a Compound, Use 99999999999 as the Product ID The CDI then becomes a required segment.	**Yes**
DSP09	Quantity Dispensed	Number of Metric Units Dispensed in Metric Decimal Format Example: 2.5. Note: For compounds show the first quantity in CDI04	**Yes**

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
DSP10	Days' Supply	The calculated or estimated number of days the medication will cover (must be a whole number)	**Yes**
DSP11	Drug Dosage Units Code	Identifies the unit of measure for the quantity dispensed in DSP09, if required by the PDMP. 01 Each (used to report solid dosage units or indivisible package) 02 Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams adjust to the decimal gram equivalent)	**Yes**
DSP12	Transmission Form of Rx Origin Code	Code indicating how the pharmacy received the prescription, if required by the PDMP 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transferred/Forwarded Rx 99 Other	**Yes**

DSP13	Partial Fill Indicator	This field is used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling.
		  00 Not a Partial Fill
		  01 First Partial Fill
		 Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.
			Yes

DSP14	Pharmacist National Provider Identifier (NPI)	Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	If available
DSP15	Pharmacist State License Number	Assigned to the pharmacist by the State Licensing Board. This data element can be used to identify the pharmacist dispensing the medication	Optional
DSP16	Classification Code for Payment Type	Code Identifying the Type of Payment, i.e. how it was paid for 01 = Private Pay (Cash/Charge/Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Insurance and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	**Yes**

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
DSP17	Date Sold	This field is used to determine the date the prescription was dispensed (left the pharmacy), not the date it was prepared. This date could be captured from the point-of-sale (POS) system, if the pharmacy has a POS system, and there is a bidirectional flow with the pharmacy management system in order to capture and report this date. Or it could be captured and reported from a will-call management system, integrated with the pharmacy management system.	**Yes**
DSP18	RxNorm Product Qualifier	01 = Semantic Clinical Drug (SCD) 02 = Semantic Branded Drug (SBD) 03 = Generic Package (GPCK) 04 = Branded Package (BPCK) RxNorm code that is populated in the DRU-010-09 field in the SCRIPT transaction. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard. These fields should not be required until such time.	Optional
DSP19	RxNorm Code	Used for electronic prescriptions to capture the prescribed drug product identification, if required by the PDMP.	Optional
DSP20	Electronic Prescription Reference Number	This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction	If available
DSP21	Electronic Prescription Order Number	This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard. Note: DSP20 and DSP21 should be reported as a pair to the PDMP and the PDMP will decide which one, if not both, it decides to capture. By requiring the reporting of both, this avoids specification variations that would require custom programming to accommodate a PDMP. Also, the information reported by the pharmacy management system will depend on the information received at the pharmacy with an electronic prescription.	If available
DSP22	Quantity Prescribed	This field has been added in order to add clarity to the value reported in DSP13 Partial Fill Indicator	**Yes**
DSP23	Rx Sig	This field would capture the actual directions printed on the prescription vial label. If the directions exceed 200 characters, truncation would be allowed.	Optional

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
DSP24	Treatment Type	This field can be used to indicate treatment type associated if indicated on the prescription 01 Not Used for Opioid Dependency Treatment 02 Used for Opioid Dependency Treatment 03 Pain Associated with Active and Aftercare Cancer Treatment 04 Palliative Care in Conjunction with a Serious Illness 05 End-of-Life and Hospice Care 06 A Pregnant Individual with a Pre-existing Prescription for Opioids 07 Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain 08 Individuals Pursuing an Active Taper of Opioid Medications 02 Patient is Participating in a Pain Management Contract 10 Acute Opioid Therapy (only available for use in ASAP 4.2b) 11 Chronic Opioid Therapy (only available for use in ASAP 4.2b) 99 Other (TN has agreed this variable will be used to report "Medical Necessity" was indicated on the prescription) Note: These new codes can only be reported if provided by the prescriber with the prescription.	**Situational** (as set forth in T.C.A. § 63-1-164)
DSP25	Diagnosis Code	This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription (No decimals or other punctuation)	**Situational** (ICD-10 code must be reported for any prescription that contains an ICD-10.)
PRE - PRESCRIBER INFORMATION – REQUIRED			
PRE01	National Provider Identifier	Identifier assigned to the prescriber by CMS.	If available
PRE02	DEA Number	Identifying Number Assigned to a Prescriber by an Institution by the Drug Enforcement Administration (DEA)	**Yes**
PRE03	DEA Number Suffix	Identifying Number Assigned to a Prescriber by an Institution When the Institution's DEA Number is Used	If applicable
PRE04	Prescriber State License Number	Identification assigned to the Prescriber by the State Licensing Board.	Optional
PRE05	Last Name	Prescriber's last name.	**Yes**

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
PRE06	First Name	Prescriber's first name.	**Yes**
PRE07	Middle Name	Prescriber's middle name or initial.	**Yes,** if available
PRE08	Phone Number	Prescriber's primary phone number	**Yes**
PRE09	XDEA Number	This field gives a PDMP the option of requiring the XDEA Number (NADEAN) in the PRE Segment when the prescription is for opioid dependency	If applicable
CDI - COMPOUND DRUG INGREDIENT DETAIL- SITUATIONAL **If DSP07 = 06 all CDI segments required**			
CDI01	Compound Drug Ingredient Sequence Number	The First Reportable Ingredient is 1. Each Additional Reportable Ingredient is Incremented by 1.	**Required for Compound Prescription**
CDI02	Product ID Qualifier	01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN	**Required for Compound Prescription**
CDI03	Product ID	Full Product Identified as Indicated in CDI02, Including Leading Zeros Without Punctuation.	**Required for Compound Prescription**
CDI04	Compound Ingredient Quantity	Metric Decimal Quantity of the Ingredient Identified in CDI03.	**Required for Compound Prescription**
CDI05	Compound Drug Dosage Units Code	01 = Each (Used to Report Solid Dosage Units or Indivisible Package) 02 = Milliliters (For Liters Adjust to the Decimal Milliliter Equivalent) 03 = Grams (For Milligrams adjust to the Decimal Gram Equivalent)	**Required for Compound Prescription**
AIR– ADDITIONAL INFORMATION REPORTING – SITUATIONAL			
AIR01	State Issuing Rx Serial Number	U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used	Not Applicable
AIR02	State Issued Rx Serial Number	Number assigned to state issued serialized prescription blank. Required if state issues serialized prescription pads for prescribers to use.	Not Applicable
AIR03	ID Issuing Jurisdiction	Code identifying the jurisdiction that issues the ID contained in AIR05.	Situational

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	Code indicating the type of ID in AIR05 if required by the PDMP. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 08 Tribal ID 99 Other (Trading partner agreed upon ID)	Situational
AIR05	ID of Person Dropping Off or Picking Up Rx	ID number of the person dropping off or picking up the prescription, if required by the PDMP. Note: Because historically there has been a noticeable amount of extraneous information entered in this field, which has interfered with data analysis, it's important that every effort be made to ensure that only the unadorned customer ID and no additional information be entered into this field.	Situational
AIR06	Relationship of Person Dropping Off or Picking Up Rx	Code indicating the relationship to the person dropping off or picking up Rx, if required by the PDMP. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	Situational
AIR07	Last Name of Person Dropping Off or Picking Up Rx	Last name of the person dropping off or picking up Rx	Situational
AIR08	First Name of Person Dropping Off or Picking Up Rx	First name of the person dropping off or picking up Rx	Situational
AIR09	Last Name or Initials of Pharmacist	Last name or initials of the pharmacist dispensing the medication	Situational
AIR10	First Name of Pharmacist	First name of the pharmacist dispensing the medication	Situational

HUMAN DISPENSATIONS: WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Ref. Code	Data Element Name	Format	Attributes
AIR11	Dropping Off/Picking Up Identifier Qualifier	Additional qualifier for the ID contained in AIR05. 01 Person Dropping Off 02 Person Picking Up 98 Unknown/Not Applicable (An example of Unknown: Where the pharmacist does not know which person, it is. Or there is no ID to collect at drop- off, such as when a prescription is phoned in. An example of Not Applicable: When the prescription is delivered.) Note: Both 01 and 02 cannot be required by a PDMP. Usage of this field depends on whether a PDMP has interest in knowing whether the information supplied in fields AIR04–AIR08 is for the person dropping off or picking up the prescription.	Situational
SUMMARY SEGMENTS			
TP– PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Number of Detail Segments Included for the Pharmacy Including the Pharmacy Header (PHA) Including the Pharmacy Trailer (T6P) Segments	**Yes**
TT– TRANSACTION TRAILER – REQUIRED			
TT01	Transaction Control Number	Identifying Control Number that Must be Unique. Assigned the Originator of the Transaction. Must Match the Number in TH02.	**Yes**
TT02	Segment Count	Total Number of Segments Included in the Transaction Including the Header and Trailer Segments	**Yes**

This page constitutes a summary of the required ASAP information for controlled substance reporting for humans in TN; for more information regarding controlled substance reporting for animals please reference Addendum 5. Visit www.asapnet.org to purchase a complete implementation guide for all ASAP formats. Navigate to publications to purchase.

FREQUENTLY ASKED QUESTIONS

PASSWORDS AND SIGN-IN INFORMATION:

Does my password expire?

For security purposes, passwords will expire every 180 days. The registered user does not need to remember to update the user's password, as the system will automatically prompt the user to change the password after 180 days.

Please note that the user's account will require the user to update the password upon the user's initial sign-in. At this time, please answer the security questions provided. This will allow the user to change/update the user's password during the evening/weekend hours.

Have entered the password associated with the user account numerous times and not sure that it is correct? Unable to access the system?

If the data collection user is attempting to submit records of the dispensing site's controlled substances, please go to the TN Controlled Substance Monitoring Database Data Collection Website (Https://www.tnrxreport.com)click "Forgot/Reset Password?". Once the registered user provides the answers to the security questions the registered user provided during registration, the registered user will be able to reset the password using this feature.

If the individual is a registered user of the CSMD and is attempting to view patient information, or prescription history, please verify that that the correct URL is being used to access the CSMD (https://www.tncsmd.com) instead of the data collection website.

PRESCRIPTION DATA AND REPORTING REQUIREMENTS

What is the NDC Code?

The National Drug Code is an 11-digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle. The segments should be 11111-1111-11 if any segment in the dispensing information does not contain the appropriate amount of numbers, then zeros would be added at the beginning of the segment number that does not meet the format above until the segment meets the NDC 11 digit format (5-4-2).

What drugs should be reported?

All controlled substances contained in Schedules II, III, and IV which are dispensed, and all Schedule V controlled substances identified by the Controlled Substance Monitoring Database (CSMD) Committee as demonstrating a potential for abuse must be reported. T.C.A. § 53-10-304. As of January 26, 2022, Schedule V controlled substances which may be dispensed without a prescription do not have to be reported to the database.

All dispensers licensed by the State of Tennessee that dispense Schedules II-V controlled substances are required to submit the prescription information

How often should I submit data?

Beginning 1/1/2016, Tennessee Code Annotated§ 53-10-305(b)(2) states "for each business day but no later than the close of business on the following business day; provided, that a veterinarian shall submit

FREQUENTLY ASKED QUESTIONS

information at least once every fourteen (14) days and shall not be required to use a computerized system in order to submit required information pursuant to this section".

How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field Product ID Qualifier (DSP07) must indicate this by the value "06" for compound. Subsequently, Product ID (DSP08) must then be reported as eleven "9's" or 99999999999. By reporting the value in DSP07 as '06', the Compound Drug Ingredient (CDI) segment then becomes a mandatory or required segment. Quantity Dispensed (DSP09) should be total quantity of all compounded ingredients and individual quantities are reported in the CDI segments.

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

Why is the system rejecting the input metric quantity?

The metric quantity should be the number of metric units dispensed in metric decimal format. (Ex: 3.5)

What should the dispenser do if one of the conditions to be considered exempt from reporting is met?

If exempt from reporting, please fill out the request for waiver or exemption found on the applications page of the CSMD Website https://wwww.tn.gov/health/csmd

Navigate to the Applications section and choose Request an Exemption or a Waiver of Electronic Reporting (PH-4138).

This request must be approved by the CSMD Committee before it becomes effective.

Frequently Asked Questions Regarding FILE ISSUES AND ERROR CORRECTIONS

What should the filename be?

The filename should be the DEA number, followed by the date of submission, followed by **.dat or .txt.** Chain pharmacies may use the chain name, followed by the date of submission.

SFTP users should be certain to differentiate files by adding characters to the filename before the **.dat or .txt** extension. This will ensure that the contents of the file are not overwritten.

SFTPs submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?

Uploaded files will be processed twice during the evening/overnight by a batch processor, therefore the files will be in 'Pending' status until the day following upload. The submitter will receive notification via the message center and email, if the submitter has supplied a valid email address. The registered user can update the email address in the My Account section of the website. If a software company or corporate is submitting on behalf of a dispenser it is the responsibility of the software company or

FREQUENTLY ASKED QUESTIONS

corporate to make the dispensing site aware of any errors.

How does a dispenser submit controlled substance data when a software vendor is not utilized?

If the dispenser does not work with a software vendor, a Pharmacist in Charge, a Prescriber Dispenser or designee has to either generate a file that can be uploaded or manually enter controlled substance data. In the browser navigate to tnrxreport.com and register. Once registered the user will log into TN Controlled Substance Monitoring Database Data Collection <u>to upload the file or manually enter the dispensing site's dispensations and submit</u>. Complete all required fields and click save; no further action is required.

How do I delete a file submitted accidentally with the incorrect reporting period?

If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should submitter do if file was rejected?

If file uploaded by the submitter was rejected, do a Test Run Upload. To do this, go to the Data Collection Menu > Test Run Upload and submit the dispensing site's file. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by the dispensing site's submitter or software vendor. Test is only for ASAP 4.2A (June 2017 version) format.

How does the submitter know if a file uploaded?

Go to Data Collection > File Upload Click on the View uploaded files tab

The submitter will be able to view all files submitted

If the individual submitting the dispensing information is not receiving email notifications, the submitter will need to verify that the email address is listed **correctly** in the submitter account. Go to 'My Account' and enter the email address in the appropriate field, the submitter will also receive file status notifications in the section of the submitter's account titled 'messages'.

An email will be sent within 14 hours confirming the file's processing status and any errors contained within that file.

(Please be sure to add the domain: BambooHealth.com to the submitter's safe sender's list within the submitter's email client. This will ensure that the submitter receives communications from Bamboo Health in a timely manner.)

How to delete a record/entry if submitter accidentally submitted incorrect information?

The ASAP 4.2A (June 2017 version) formatting requirements allow for the following

functions: 'new, revise or delete'. For those sending electronic files, please refer to DSP01 in the formatting table.

For users that submit manual entries, the registered user can update previously submitted information. Please refer to the Addendum 3.

Even if registered user submits Files through SFTP the registered user can also make corrections/deletions through the website, please see the Addendum 3 of this manual for

FREQUENTLY ASKED QUESTIONS

further information.

Why are there no menus displayed on the web page?

Check the browser version to ensure the registered user is using Edge, Firefox, or Chrome.
Edge, Firefox, and Chrome in most cases automatically update to the latest versions.

How do I fix "duplicate" error messages?

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in the dispensing site's prescription software or when a file is uploaded twice in error for a different reporting period. **The duplicate records occurring as a result of duplicate file uploads require no action on the part of the submitter.**

OTHER QUESTIONS

How do I setup an SFTP account?

SFTP account requests must be made via the registration page on **www.tnrxreport.com**. An individual will need to register. The registered user will receive login credentials at the email address indicated in the submitter registration within 24-48 business hours.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

Non-US zip codes or residents should have the value '00000' placed into the zip code category.

ASSISTANCE AND SUPPORT

On behalf of TN, Bamboo Health is available to assist and provide information to individual pharmacies, chain pharmacies, software vendors, and other dispensers required to submit data. Technical support is available to meet the state's requirements. Questions concerning interpretation of technical matters may be referred to Bamboo Health. Dispensers are advised to first contact their software vendor to obtain modifications and instructions on complying with the requirements of this manual and participation. Software vendors may also contact Bamboo Health directly for assistance.

Unresolved disagreements between a dispenser and Bamboo Health will be resolved by the CSMD Committee.

Tennessee Controlled Substance Monitoring Database Data Collection: Toll-free number for Bamboo Health: 866-683-9771

If assistance is needed or there are questions you have another option to create a Zendesk ticket with Bamboo Health. When you click the following URL https://tennesseedatacollection.zendesk.com/hc/en-us you will be redirected to the Bamboo Health Zendesk application. If this is the first time you are seeking assistance using this option an account will need to be created. When you click "Sign in" or "Submit a Ticket" it will ask you to sign in or underneath it says "New to Bamboo Health? Sign Up". Signing up initially only consists of your last name, first name and email address. Once signed up you can add a phone number to your profile to be used to assist anytime you submit a ticket.

When creating the ticket please include CSMD.Admin@tn.gov in the cc section of the ticket form.

Another option for assistance from Bamboo Health is the Chat feature

FREQUENTLY ASKED QUESTIONS

1. To start a chat, locate the Chat widget in the bottom right-corner of the screen.
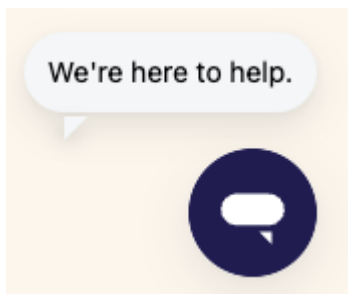
2. The chat pop-up will expand and VERDI, our Virtual Electronic Receptionist for Dispensation Issues, will collect your basic contact information and transfer you to an agent.

3. You can continue to browse around the TN Controlled Substance Monitoring Database Data Collection Support Center and view any open requests. VERDI's chat pop-up will appear on every page within tennesseedatacollection.zendesk.com. Once you leave the help center for any reason, VERDI will be unable to follow you. An example of when you could leave this domain would be when you are submitting a ticket or viewing your requests page. These actions will route you to the main bamboohealth.zendesk.com domain.

FREQUENTLY ASKED QUESTIONS

4. If you are unable to see the conversation in your "My Activities" view, please check the URL and ensure that you see bamboohealth.zendesk.com in the URL.

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Addendum 1: Paper Human Dispensations Submission Form

Submitter Details

Dispenser Details

Dispenser Details			
Pharmacy NPI Number (if available)	NCPDP/NABP Provider Id (if available)	DEA Number	Pharmacy or Dispensing Prescriber Name
Complete Street Address	City	State	Zip
Phone Number		Pharmacy's Permit Number/License Number (if a pharmacy)	

Patient and Prescription Details

Prescriber Dispenser DEA:

Patient Details				
Last Name	First Name	Middle Name (if available)	DOB	Gender
Street Address	City	State	Zip Code	
Name Prefix	Name Suffix	Phone Number	Species Code	
Patient Location Code (See Code List)				

Prescriber Details		
Prescriber DEA Number	DEA Number Suffix (if applicable)	National Provider Identifier (NPI) if available
Last Name	First Name	Middle Name
Phone Number		

Prescription Details				
Use code to indicate: New=00, Revise=01, Void=02	Prescription#	Date Written	Authorized Refills	Date Filled
Refill Number (01-99)	Product #(NDC)	Quantity Dispensed	Day(s) Supply	Drug Dosage Unit: Each=01, Milliliters=02, Grams=03
Transmission Form of Rx Origin Code (See two digit code list****)	Full=00 or Partial Fill=01*	Pharmacist NPI	Payment Code (See two digit code list**)	Date Sold
Electronic Prescription Reference Number (if available)	Electronic Prescription Order Number (if available)	Quantity Prescribed	Treatment Type (see code list ***) Situational	Diagnosis Code (ICD-10) Situational
Compound Ingredient Details-Only used if dispensing compound medications (Complete separate form with Compound Details) ☐ Yes ☐ No				

Addendum 1: Paper Human Dispensations Submission Form (continued)

Code List and Notes

*Note for partial fills:	
Increment Partial fill number by one for additional partial fill	

**Payment Code List	
01	Private Pay (Cash, Charge, Credit Card)
02	Medicaid
03	Medicare
04	Commercial Insurance
05	Military Installations and VA
06	Workers' Compensation
07	Indian Nations
99	Other

***Treatment Type:	
01	Not Used for Opioid Dependency Treatment
02	Used for Opioid Dependency Treatment
03	Pain Associated with Active and Aftercare Cancer Treatment
04	Palliative Care in Conjunction with a Serious Illness
05	End-of-Life and Hospice Care
06	A Pregnant Individual with a Pre-existing Prescription for Opioids
07	Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain
08	Individuals Pursuing an Active Taper of Opioid Medications
09	Patient is participating in a Pain Management Contract
10	Acute Opioid Therapy (only available in ASAP 4.2b)
11	Chronic Opioid Therapy (only available in ASAP 4.2b)
99	Medical Necessity (used in TN if prescriber has written "Medical Necessity" on the prescription

****Transmission Form of Rx Origin Code	
01	Written Prescription
02	Telephone Prescription
03	Telephone Emergency Prescription
04	Fax Prescription
05	Electronic Prescription
06	Transferred/Forwarded Rx
99	Other

Addendum 1: Paper Human Dispensations Submission Form (continued)

Compound Drug Ingredient Details

CDI - COMPOUND DRUG INGREDIENT DETAIL Required if "Yes" checked on Paper Submission Form for any Prescription		
The First Reportable Ingredient is 1. Each Additional Reportable Ingredient is Incremented by 1. Rows for Sequence 1 through 4 have been provided on this template. Please add additional rows if compound exceeds 4 drugs		
Information Required	**Response from Dispenser**	**Helpful information to complete row**
Product ID Qualifier Sequence 1-4 uses NDC	01 = NDC	NDC number is the ID qualifier used to identify each ingredient
Product ID for Sequence 1		Full Product Identification as indicated in Product ID Qualifier, including leading zeroes without punctuation. Example NDC: 02345-6789-01
Product ID for Sequence 2		
Product ID for Sequence 3		
Product ID for Sequence 4		
Compound Ingredient **Quantity** Sequence 1		Metric Decimal Quantity of the ingredient identified above in Product ID.
Compound Ingredient **Quantity** Sequence 2		
Compound Ingredient **Quantity** Sequence 3		
Compound Ingredient **Quantity** Sequence 4		
Compound Drug **Dosage Units Code** Sequence 1		01 = Each (Used to Report Solid Dosage Units or Indivisible Package) 02 = Milliliters (For Liters Adjust to the Decimal Milliliter Equivalent) 03 = Grams (For Milligrams adjust to the Decimal Gram Equivalent)
Compound Drug **Dosage Units Code** Sequence 2		
Compound Drug **Dosage Units Code** Sequence 3		
Compound Drug **Dosage Units Code** Sequence 4		

Addendum 2: Paper Animal Dispensations Submission Form

Animal and Prescription Details

Prescribing Animal Dispenser Details

Bold indicates required elements for animal prescriptions.

Dispenser Details			
Pharmacy NPI Number (if available)	NCPDP/NABP Provider ID (if available)	**DEA Number**	**Pharmacy or Dispensing Prescriber Name**
Complete Street Address	**City**	**State**	**Zip**
Phone Number		Pharmacy's Permit Number/License Number (if a pharmacy)	

Animal Patient Prescription Details

Patient Details				
Last Name	**First Name**	Middle Name (if available)	**DOB**	**Gender**
Street Address	**City**	**State**	**Zip Code**	
Name Prefix	Name Suffix	**Phone Number**	**Species Code**	
Patient Location Code (See Code List)				

Prescriber Details		
Prescriber DEA Number	DEA Number Suffix (if applicable)	National Provider Identifier (NPI) if available
Last Name	**First Name**	**Middle Name**
Phone Number		

Prescription Details					
Use code to indicate: New=00, Revise=01, Void=02		**Prescription#**	**Date Written**	**Authorized Refills**	**Date Filled**
Refill Number (01-99)	**Product #(NDC)**	**Quantity Dispensed**	**Day(s) Supply**	**Drug Dosage Unit: Each=01, Milliliters=02, Grams=03**	
Transmission Form of Rx Origin Code (See two digit code list**)		**Full=00 or Partial Fill=01***	Pharmacist NPI	**Payment Code (See two digit code list**)**	**Date Sold**
Electronic Prescription Reference Number (if available)	Electronic Prescription Order Number (if available)	**Quantity Prescribed**	Treatment Type (see code list ***) Situational	Diagnosis Code (ICD-10) Situational	
Compound Ingredient Details-Only used if dispensing compound medications (Complete separate form with Compound Details) ☐ Yes ☐ No					

*Note for partial fills: Increment Partial fill number by one for additional partial fill

Addendum 2: Paper Animal Dispensations Submission Form (continued)

Compound Drug Ingredient Details

Information Required	Response from Dispenser	Helpful information to complete row
CDI - COMPOUND DRUG INGREDIENT DETAIL **Required if "Yes" checked on Paper Submission Form for any Prescription**		
The First Reportable Ingredient is 1. Each Additional Reportable Ingredient is Incremented by 1. Rows for Sequence 1 through 4 have been provided on this template. Please add additional rows if compound exceeds 4 drugs		
Product ID Qualifier Sequence 1-4 uses NDC	01 = NDC	NDC number is the ID qualifier used to identify each ingredient
Product ID for Sequence 1		Full Product Identification as indicated in Product ID Qualifier, including leading zeroes without punctuation. Example NDC: 02345-6789-01
Product ID for Sequence 2		
Product ID for Sequence 3		
Product ID for Sequence 4		
Compound Ingredient **Quantity** Sequence 1		Metric Decimal Quantity of the ingredient identified above in Product ID.
Compound Ingredient **Quantity** Sequence 2		
Compound Ingredient **Quantity** Sequence 3		
Compound Ingredient **Quantity** Sequence 4		
Compound Drug **Dosage Units Code** Sequence 1		01 = Each (Used to Report Solid Dosage Units or Indivisible Package) 02 = Milliliters (For Liters Adjust to the Decimal Milliliter Equivalent) 03 = Grams (For Milligrams adjust to the Decimal Gram Equivalent)
Compound Drug **Dosage Units Code** Sequence 2		
Compound Drug **Dosage Units Code** Sequence 3		
Compound Drug **Dosage Units Code** Sequence 4		

Addendum 3: Correcting/Deleting a Previously Submitted File or Record

Two ways of deleting or correcting a prescription:

Once it has been accepted by the TN Controlled Substance Monitoring Database Data Collection website the two methods follow:

1. Create an ASAP 4.2A (June 2017 version) file with the prescriptions marked as either "revise" or "void," and submit the newly created file to the Data Collection website.

2. Delete/correct the prescription through the "Prescription Maintenance" portion of the Data Collection website

*If a dispenser submits files through SFTP linked to their Bamboo Health Data Collection Account it allows the individual in the account to use the "Prescription Maintenance" function.

Method 1. ASAP Correction/Deletion File

A submitter can create a new ASAP 4.2A (June 2017 version) file and mark a previously submitted prescription as either "revise" or "void." The DSP01 field handles this by using the codes "01" for "revise" and "02" for "void" (this is all part of the ASAP Standard set by the American Society for Automation in Pharmacy.)

This would be a function of the dispenser software* used by the dispensing site. The dispensing site will need to contact their software vendor for instructions on how to build this type of file within their dispensing software. Once the file has been created the submitter would upload the file to TN Controlled Substance Monitoring Database Data Collection website as though the submitter were uploading a normal prescription file.

**There is no guarantee that all dispensing software vendors provide this function*
as part of their package. It varies by Software Company.

Method 2. Prescription Correction through the Data Collection Website

If the individual in the user profile of the Data Collection user profile wishes to correct a previously submitted prescription through the data collection website, the individual in the user profile that contains that DEA number will use the following steps:

The individual in the Data Collection user profile would log into the TN Controlled Substance Monitoring Database Data Collection application has the functionality to make revisions provided the account in Data Collection contains the DEA number of the dispenser for those prescription records.

Hover over the "Data Management" tab near the upper left hand corner:

Addendum 3: Correcting/Deleting a Previously Submitted File or Record

A dropdown menu will appear, click on "Prescription Maintenance"

The individual in the Data Collection user profile can enter a variety of search criteria (e.g. patient name or prescription number) in order to find the prescription, the individual in the Data Collection user profile containing the DEA number of the dispenser is choosing to make a correction via the functionality in the Data Collection application.t. Once the individual in the Data Collection user profile containing the DEA number corresponding to the prescription has entered their search criteria click "search." If the individual in the Data Collection user profile wishes to see all submitted prescriptions for that DEA, the individual in the Data Collection user profile would just click "search" without any additional criteria. This could lead to a very large number of results that would cause the application to time. It is suggested to put in the DEA number of the pharmacy and timeframe to reduce the issues when looking for prescription that needs to be revised.

The resulting list can be sorted by Rx Number, Date Filled, Date Written, Patient First Name or Patient Last name in either ascending or descending order.

To see the prescription details, the Data Collection user will need to click on the prescription number.

From the "Prescription Details" page the individual in the Data Collection user profile that contains the DEA number associated to the dispenser can correct any of the required fields. To save the corrected information, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser will be required to click the box next to the statement "I hereby certify that the information I have entered above is accurate and complete" at the bottom of the page. Once the authorization box has been checked, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser must click the orange "Save" button.

Addendum 3: Correcting/Deleting a Previously Submitted File or Record

Once the individual in the Data Collection user profile that contains the DEA number associated to the dispenser clicks the "Save" button, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser will receive a message either stating that the prescription has been saved successfully, or invalid information preventing the prescription from being saved should be identified in the messaging that appears at the top of the page.

(Example: If the individual in the Data Collection user profile that contains the DEA number associated to the dispenser entered an invalid prescriber DEA number, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser would receive a message stating, "Invalid DEA Number," the individual in the Data Collection user profile that contains the DEA number associated to the dispenser would need to retype the DEA number, re- click the authorization box and then must click the orange "Save" button.)

Once the prescription has been saved, no further steps are required.

Prescription Deletion through the Data Collection Website

If an individual in the Data Collection user profile that contains the DEA number associated to the dispenser wishes to correct a previously submitted prescription through the data collection website, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser will use the following steps:

The individual in the Data Collection user profile that contains the DEA number associated to the dispenser would log into their Data Collection account to make revisions.

Hover over the "Data Management" tab near the upper left hand corner.

Addendum 3: Correcting/Deleting a Previously Submitted File or Record

A dropdown menu will appear, click on "Prescription Maintenance"

The DEA number will be entered that is associated to the dispenser that dispensed the prescription that needs to be revised. Next the individual in the Data Collection user profile that contains the DEA number associated to the dispenser can enter a variety of search criteria (e.g. patient name or prescription number) in order to find the prescription, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser wants to identify for correction. Once the individual in the Data Collection user profile that contains the DEA number associated to the dispenser has entered their search criteria click "search." If the individual in the Data Collection user profile that contains the DEA number associated to the dispenser wishes to see all their submitted prescriptions for that DEA, the individual in the Data Collection user profile would just click "search" without any additional criteria. This could lead to a very large number of results that would cause the application to time. It is suggested to put in the DEA number of the pharmacy and timeframe to reduce the issues when looking for prescription that needs to be revised.

The resulting list can be sorted by: Rx Number, Date Filled, Date Written, Patient First Name or Patient Last name in either ascending or descending order.

To see the prescription details, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser will click on the prescription number.

From the "Prescription Details" page, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser will click the box next to the statement "I hereby certify that the information I have entered above is accurate and complete" at the bottom of the page. Once the authorization box has been checked, the individual in the Data Collection user profile that contains the DEA number associated to the dispenser must click the orange "Delete Button."

Once the prescription has been deleted the individual in the Data Collection user profile that contains the DEA number associated to the dispenser of the dispensing site will receive a message at the top of the page stating that the prescription has been successfully deleted.

No further steps are required by the pharmacy once the prescription has been deleted

Addendum 3: Correcting/Deleting a Previously Submitted File or Record

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Addendum 4 Zero Reports ASAP v4.2A (Version June 2017)

If a dispenser does not dispense any Schedule II-V prescriptions during a daily reporting period, a "zero" report shall be submitted. This may be done via the prescription upload website: **www.tnrxreport.com** under the Data Collection menu or through the dispensing site's software.

Zero reports can be submitted at any frequency, but Zero Report must be submitted no later than the last day of the current month. If the last day of the month is a weekend or holiday, then a Zero Report must be submitted by the next business day.

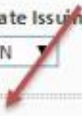*(Beginning January 1, 2019, Zero Reports via SFTP can ONLY be submitted in the ASAP 4.2A (June 2017 version). If the dispensing site has been unable to comply with this requirement deadline, the dispensing site's Pharmacist in Charge, Prescriber Dispenser or designee must contact the CSMD at CSMD.Admin@tn.gov or 615-253-1305 for guidance.*

Zero Reports - Submitting manually via the website

To Access the Zero Reporting screen in the data collection website:

Login to **www.tnrxreport.com** with the submitter's username and password. Go

to the **Data Collection menu**.

Click on the option **Upload Pharmacy Zero Report**.

Select the reporting period for zero report submission.

Click **Submit**.

Zero Reports - Submit via dispenser software

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted. Beginning January 1, 2019, zero reports can only be submitted via a web account specific to the dispensers DEA # or via SFTP in ASAP v4.2A (June 2017 version).

Zero reports via SFTPs transmission in ASAP 4.2A (June 2017 version) format

The Zero Report standard is a complete transaction and includes all fields required by the TN Controlled Substance Monitoring Database Data Collection program according to the state's requirements. Transaction Header, Information Source, Pharmacy Header, Pharmacy Trailer, and Transaction Trailer Segments are completed as these segments would be completed with a normal controlled substance report. **All required detail segments** (Patient Information, Dispensing Record, and Prescriber Information) **are to be sent and left blank** with the **exception** of the PAT07; PAT08; and DSP05. The segments should be completed accordingly: **PAT07 = Report; PAT08 = Zero; DSP05 = Date report is sent**.

Addendum 4 Zero Reports ASAP v4.2A (Version June 2017)

Zero Reports Electronic Submission Summary of Required Data Elements

Ref. Code	Data Element Name	Format	Attributes
TH TRANSACTION HEADER – (TH01-TH09)			**Required Data for both human and animal dispensers**
TH01	Version/Release Number	4.2A (June 2017 version)	**Yes**
TH02	Transaction Control Number	See TT01; GUID is recommended	**Yes**
TH05	Created Date	CCYYMMDD	**Yes**
TH06	Creation Time	HHMMSS or HHMM	**Yes**
TH07	File Type	P = Production T = Test	**Yes**
TH09	Segment Terminator Character	Follow ASAP standard for what character to use for the Segment Terminator but some recommended characters are "/" or"~" or "|" or "*" but there are other options.	**Yes**
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source	Phone Number	**Yes**
IS02	Information Source Entity Name	Pharmacy Name	**Yes**
ISO3	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD#	**Yes**
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA03	DEA Number		**Yes**
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name	Zero	**Yes**
PAT08	First Name	Report	**Yes**
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP05	Date Filled	Date submitted: CCYYMMDD	**Yes**
TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	**Yes**
TT01	Transaction Control Number	Must match TH02	**Yes**
TT02	Segment Count	Total # of segments, including header and trailer	**Yes**

Example ASAP 4.2A zero report:

TH*4.2A*Transaction Control Number*Transaction Type**Create Date*Creation Time*P**\\

Addendum 4 Zero Reports ASAP v4.2A (Version June 2017)

IS*Unique Identifier*Pharmacy Name*Zero Report Date Range\

PHA*NPI*NCPDP*Pharmacy DEA*Pharmacy Name *Address One**Pharmacy City*Pharmacy State*Pharmacy ZIP*Pharmacy Phone Number*Pharmacy Contact**\

PAT*******Report*Zero**********\

DSP*****Date of Report Submission***********\

PRE**\

CDI****\

AIR*\

TP*7\

TT*Transaction Control Number*Segment Count\

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Controlled Substance Schedules II, III, IV and V are mandatory
Data Elements Note: ASAP Version 4• Release 2A (June 2017 version) is required version. The information in the table is for controlled substances dispensed to animals.

Visit www.asapnet.org to purchase a complete implementation guide for all ASAP formats. Navigate to publications to purchase.

ANIMAL DISPENSATIONS

Ref. Code	Data Element Name	Format	Attributes
HEADER SEGMENTS			
TH– TRANSACTION HEADER – REQUIRED			Required Data for animal dispensations
TH01	Version/Release Number	4.2A (June 2017 version)	**Yes**
TH02	Transaction Control Number	Recommendation: Use a Globally Unique Identifier (GUID) or Other Nonrepeating Alphanumeric Combination to Populate this Field	**Yes**
TH03	Transaction Type	Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgment (Used in Response only.) 03 Error Receiving (Used in Response only.) 04 Void (Used to void a specific Rx in a real-time transmission, or an entire batch file that has been transmitted. When 04 is used the appropriate transaction control number in TH02 for the specific prescription or batch file must be included. When 04 is used only the TH Header Segment and the Transaction Trailer Segment are used.	Situational
TH04	Response ID	Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	Situational
TH05	Creation Date	Date the Transaction was Created Format: CCYYMMDD	**Yes**
TH06	Creation Time	Time the Transaction was Created Format: HHMMSS or HHMM	**Yes**
TH07	File Type	P = Production T = Test	**Yes**
TH09	Segment Terminator Character	Follow ASAP standard for what character to use for the Segment Terminator but some recommended characters are "/" or"~" or "|" or "*" but there are other options.	**Yes**
IS– INFORMATION SOURCE – REQUIRED			
IS01	Unique Information Source ID	Example: Phone Number. However, if a Phone Number is Used to Populate this Field, Do Not Include Hyphens.	**Yes**

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
IS02	Information Source Entity Name	Entity Name of the Information Source (Pharmacy)	**Yes**
IS03	Message	Freeform text message. Use of this field is defined by the PDMP. Many PDMPs may designate this field to hold the submission period date range of the file transmitted. When used to indicate the date range, it must be the first data text in the field and must be inserted with using the following layout (where "#" and "-" are those literal characters): #CCYYMMDD#-#CCYYMMDD# For example, a pharmacy may be submitting records for the reporting period of March 1, 2012 through March 7, 2012 but only filled reportable prescriptions on March 3, and March 5. The full submission period date range would be reported in IS03 as #20120301#-#20120307# It is up to the PDMP to further define how to enter the submission date range for exceptional cases, such as for late submission records. Note: IS03 can also be used to show the date range for Zero Reports.	Optional
PHA– PHARMACY HEADER– REQUIRED			
PHA01	National Provider Identifier (NPI)	Identifier assigned to the pharmacy by CMS. Used if required by the PDMP	If available
PHA02	NCPDP/NABP Provider ID	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. Used if required by the PDMP.	If Available
PHA03	DEA Number	Identifier assigned to the Pharmacy by the Drug Enforcement Administration	**Yes**
PHA04	Pharmacy or Dispensing Prescriber Name	Freeform name of the pharmacy. Note: If a dispensing prescriber, the prescriber's name, and professional degree should be entered, such as John Doe MD.	**Yes**
PHA05	Address Information – 1	Freeform text for address information	**Yes**
PHA06	Address Information – 2	Freeform text for additional address information	Optional
PHA07	City Address	Freeform text for city name	**Yes**
PHA08	State Address	U.S. Postal Service State Code	**Yes**
PHA09	ZIP Code Address	U.S. Postal Service ZIP Code. Use if available	**Yes**
PHA10	Phone Number	Complete phone number including area code. No parenthesis or hyphens	**Yes**
PHA11	Contact Name	Freeform name	**Yes**
PHA12	Chain Site ID	Store number assigned by the chain to the pharmacy location. Used when PDMP needs to identify the specific pharmacy from which information is required.	If available
PHA13	Pharmacy's Permit Number/License Number	Used to help identify the sending pharmacy	Required if a pharmacy

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
**DETAIL SEGMENTS**
**PAT– PATIENT INFORMATION – REQUIRED**
PAT01	ID Qualifier of Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT03. Used if the PDMP requires such identification.	Situational
PAT02	ID Qualifier	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	Situational
PAT03	ID of Patient	Identification number for the patient as indicated in PAT02. An example would be the driver's license number	Situational
PAT04	ID Qualifier of Additional Patient Identifier	Code identifying the jurisdiction that issues the ID in PAT06. Used if the PDMP requires such identification.	Situational
PAT05	Additional Patient ID Qualifier	Code to identify the type of ID in PAT06 if the PDMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID, such as cardholder ID.)	Situational
PAT06	Additional ID	Identification that might be required by the PDMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	Situational
PAT07	Last Name	Patient's Last Name (Last name of Owner)	**Yes**
PAT08	First Name	Patient's First Name (First Name of Pet)	**Yes**
PAT09	Middle Name	Patient's middle name or initial if available. Used if available in pharmacy system and required by the PDMP	If available

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
PAT10	Name Prefix	Patient's name prefix such as Mr. or Dr. Used if available in pharmacy system and required by the PDMP.	**Yes**, If applicable
PAT11	Name Suffix	Patient's name suffix such as Jr. or the III. Used if available in pharmacy system and if required by the PDMP	**Yes**, If applicable
PAT12	Address Information – 1	Freeform Text for Address Information	**Yes**
PAT13	Address Information – 2	Freeform Text for Address Information	Situational
PAT14	City Address	Freeform text for city name	**Yes**
PAT15	State Address	U.S. Postal Service state code if required by the PDMP. Note: Field has been sized to handle international patients not residing in the U.S.	**Yes**
PAT16	ZIP Code Address	Populate with Zeros if Patient Address is Outside the U.S.	**Yes**
PAT17	Phone Number	Complete phone number including area code when a state PDMP requires and is available in the pharmacy system. Note: Do not include hyphens in the number	**Yes**
PAT18	Date of Birth	Format: CCYYMMDD	**Yes**
PAT19	Gender Code	F = Female M = Male U = Unknown	**Yes**
PAT20	Species Code	Used if required by the PDMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient	**Yes**
PAT21	Patient Location Code	Code indicating where patient is located when receiving pharmacy services if required by the PDMP. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute-Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other	If available

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
PAT22	Country of Non-U.S. Resident	Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. This is a freeform text field. ASAP does not provide a list of countries for this field. PDMPs may permit some of the other address fields to not be used if this field is populated.	Situational
PAT23	Name of Animal	Used if required by the PDMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of preparing the prescription.	Situational Can be used, but animal name for TN must also be included in PAT08. PAT07 should contain the pet owner last name.
DSP - DISPENSING RECORD – REQUIRED			
DSP01	Reporting Status	00 = New Record 01 = Revise 02 = Void	**Yes**
DSP02	Prescription Number	Serial number assigned to the prescription by the pharmacy	**Yes**
DSP03	Date Written	Date the prescription was written (authorized). Format: CCYYMMDD	**Yes**
DSP04	Refills Authorized	Number of Refills Authorized by the Prescriber	**Yes**
DSP05	Date Filled	Date prescription was prepared Format: CCYYMMDD	**Yes**
DSP06	Refill Number	0 Indicates Original Dispensing; 01-99 is the refill number	**Yes**
DSP07	Product ID Qualifier	01 = National Drug Code 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound (Used to Indicate it is a Compound. The CDI Segment the Becomes a Required Segment.)	**Yes**
DSP08	Product ID	Full Product Identification as Indicated in DSP07, Including Leading Zeros without Punctuation. If the product is a Compound, Use 99999999999 as the Product ID The CDI then becomes a required segment.	**Yes**
DSP09	Quantity Dispensed	Number of Metric Units Dispensed in Metric Decimal Format Example: 2.5. Note: For compounds show the first quantity in CDI04	**Yes**
DSP10	Days Supply	The calculated or estimated number of days the medication will cover (must be a whole number)	**Yes**

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
DSP11	Drug Dosage Units Code	Identifies the unit of measure for the quantity dispensed in DSP09, if required by the PDMP. 01 Each (used to report solid dosage units or indivisible package) 02 Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams adjust to the decimal gram equivalent)	**Yes**
DSP12	Transmission Form of Rx Origin Code	Code indicating how the pharmacy received the prescription, if required by the PDMP 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transferred/Forwarded Rx 99 Other	**Yes**
DSP13	Partial Fill Indicator	This field is used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. 00 Not a Partial Fill 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	**Yes**
DSP14	Pharmacist National Provider Identifier (NPI)	Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	If available
DSP15	Pharmacist State License Number	Assigned to the pharmacist by the State Licensing Board. This data element can be used to identify the pharmacist dispensing the medication	Optional
DSP16	Classification Code for Payment Type	Code Identifying the Type of Payment, i.e. how it was paid for 01 = Private Pay (Cash/Charge/Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Insurance and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	**Yes**

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
DSP17	Date Sold	This field is used to determine the date the prescription was dispensed (left the pharmacy), not the date it was prepared. This date could be captured from the point-of-sale (POS) system, if the pharmacy has a POS system, and there is a bidirectional flow with the pharmacy management system in order to capture and report this date. Or it could be captured and reported from a will-call management system, integrated with the pharmacy management system.	**Yes**
DSP18	RxNorm Product Qualifier	01 = Semantic Clinical Drug (SCD) 02 = Semantic Branded Drug (SBD) 03 = Generic Package (GPCK) 04 = Branded Package (BPCK) RxNorm code that is populated in the DRU-010-09 field in the SCRIPT transaction. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard. These fields should not be required until such time.	Optional
DSP19	RxNorm Code	Used for electronic prescriptions to capture the prescribed drug product identification, if required by the PDMP.	Optional
DSP20	Electronic Prescription Reference Number	This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction	If available
DSP21	Electronic Prescription Order Number	This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard. Note: DSP20 and DSP21 should be reported as a pair to the PDMP and the PDMP will decide which one, if not both, it decides to capture. By requiring the reporting of both, this avoids specification variations that would require custom programming to accommodate a PDMP. Also, the information reported by the pharmacy management system will depend on the information received at the pharmacy with an electronic prescription.	If available
DSP22	Quantity Prescribed	This field has been added in order to add clarity to the value reported in DSP13 Partial Fill Indicator	**Yes**
DSP23	Rx Sig	This field would capture the actual directions printed on the prescription vial label. If the directions exceed 200 characters, truncation would be allowed.	Optional

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
DSP24	Treatment Type	This field can be used to indicate treatment type associated if indicated on the prescription 01 Not Used for Opioid Dependency Treatment 02 Used for Opioid Dependency Treatment 03 Pain Associated with Active and Aftercare Cancer Treatment 04 Palliative Care in Conjunction with a Serious Illness 05 End-of-Life and Hospice Care 06 A Pregnant Individual with a Pre-existing Prescription for Opioids 07 Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain 08 Individuals Pursuing an Active Taper of Opioid Medications 09 Patient is Participating in a Pain Management Contract 10 Acute Opioid Therapy (only available for use in ASAP 4.2b) 11 Chronic Opioid Therapy (only available for use in ASAP 4.2b) 99 Other (TN has agreed this variable will be used to report "**Medical Necessity**" was indicated on the prescription) Note: These new codes can only be reported if provided by the prescriber with the prescription.	**Situational** (as set forth in T.C.A. § 63-1-164)
DSP25	Diagnosis Code	This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription (No decimals or other punctuation)	**Situational** (ICD-10 code must be reported for any prescription that contains an ICD-10.)
PRE - PRESCRIBER INFORMATION – REQUIRED			
PRE01	National Provider Identifier	Identifier assigned to the prescriber by CMS.	If available
PRE02	DEA Number	Identifying Number Assigned to a Prescriber by an Institution by the Drug Enforcement Administration DEA	**Yes**
PRE03	DEA Number Suffix	Identifying Number Assigned to a Prescriber by an Institution When the Institution's DEA Number is Used	If applicable
PRE04	Prescriber State License Number	Identification assigned to the Prescriber by the State Licensing Board.	Optional

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
PRE05	Last Name	Prescriber's last name.	**Yes**
PRE06	First Name	Prescriber's first name.	**Yes**
PRE07	Middle Name	Prescriber's middle name or initial.	**Yes, if available**
PRE08	Phone Number	The prescriber's primary phone number	**Yes**
PRE09	XDEA Number	This field gives a PDMP the option of requiring the XDEA Number (NADEAN) in the PRE Segment when the prescription is for opioid dependency	If applicable
CDI - COMPOUND DRUG INGREDIENT DETAIL- SITUATIONAL _If DSP07 = 06 all CDI segments required_			
CDI01	Compound Drug Ingredient Sequence Number	The First Reportable Ingredient is 1. Each Additional Reportable Ingredient is Incremented by 1.	**Required for Compound Prescription**
CDI02	Product ID Qualifier	01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN	**Required for Compound Prescription**
CDI03	Product ID	Full Product Identified as Indicated in CDI02, Including Leading Zeros Without Punctuation.	**Required for Compound Prescription**
CDI04	Compound Ingredient Quantity	Metric Decimal Quantity of the Ingredient Identified in CDI03.	**Required for Compound Prescription**
CDI05	Compound Drug Dosage Units Code	01 = Each (Used to Report Solid Dosage Units or Indivisible Package) 02 = Milliliters (For Liters Adjust to the Decimal Milliliter Equivalent) 03 = Grams (For Milligrams adjust to the Decimal Gram Equivalent)	**Required for Compound Prescription**
AIR– ADDITIONAL INFORMATION REPORTING – SITUATIONAL			
AIR01	State Issuing Rx Serial Number	U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used	Not Applicable
AIR02	State Issued Rx Serial Number	Number assigned to state issued serialized prescription blank. Required if state issues serialized prescription pads for prescribers to use.	Not Applicable
AIR03	ID Issuing Jurisdiction	Code identifying the jurisdiction that issues the ID contained in AIR05.	Situational

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	Code indicating the type of ID in AIR05 if required by the PDMP. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (Trading partner agreed upon ID)	Situational
AIR05	ID of Person Dropping Off or Picking Up Rx	ID number of the person dropping off or picking up the prescription, if required by the PDMP. Note: Because historically there has been a noticeable amount of extraneous information entered in this field, which has interfered with data analysis, it's important that every effort be made to ensure that only the unadorned customer ID and no additional information be entered into this field.	Situational
AIR06	Relationship of Person Dropping Off or Picking Up Rx	Code indicating the relationship to the person dropping off or picking up Rx, if required by the PDMP. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	Situational
AIR07	Last Name of Person Dropping Off or Picking Up Rx	Last name of the person dropping off or picking up Rx	Situational
AIR08	First Name of Person Dropping Off or Picking Up Rx	First name of the person dropping off or picking up Rx	Situational
AIR09	Last Name or Initials of Pharmacist	Last name or initials of the pharmacist dispensing the medication	Situational
AIR10	First Name of Pharmacist	First name of the pharmacist dispensing the medication	Situational

Addendum 5 Animal Dispensations: What Data Is Mandatory, What IsOptional?

Ref. Code	Data Element Name	Format	Attributes

AIR11	Dropping Off/Picking Up Identifier Qualifier	Additional qualifier for the ID contained in AIR05. 01 Person Dropping Off
		    02 Person Picking Up
		    98 Unknown/Not Applicable
		
		(An example of Unknown: Where the pharmacist does not know which person, it is. Or there is no ID to collect at drop- off, such as when a prescription is phoned in. An example of Not Applicable: When the prescription is delivered.)
		
		Note: Both 01 and 02 cannot be required by a PDMP. Usage of this field depends on whether a PDMP has interest in knowing whether the information supplied in fields AIR04–AIR08 is for the person dropping off or picking up the prescription.
			Situational

		SUMMARY SEGMENTS	
		TP– PHARMACY TRAILER – REQUIRED	
TP01	Detail Segment Count	Number of Detail Segments Included for the Pharmacy including the Pharmacy Header (PHA) and the Pharmacy Trailer (T6P) Segments	**Yes**
		TT– TRANSACTION TRAILER – REQUIRED	
TT01	Transaction Control Number	Identifying Control Number must be unique. assigned by the originator of the transaction. Must match the number in TH02.	**Yes**
TT02	Segment Count	Total number of segments included in the transaction including the Header and Trailer Segments	**Yes**