

State of Maine
 Department of Health And Human Services
 Office of Substance Abuse



**Prescription Monitoring Program
 Prescribed Pharmacy Claims Data Submission Format**

On behalf of the State of Maine Office of Substance Abuse, Department of Health and Human Services, GHS Data Management will be following the National Association of State Controlled Substances (NASCSA) recommended data file definition as provided by the American Society for Automation in Pharmacy (ASAP) as outlined below.

- Reporting of class II, III, IV narcotic drugs is required.
- The data file is to be a fixed-width ACSII file. Each line shall end in CR/LF (Carrage Return & Line Feed). All “a/n” fields must be left justified, right blank filled. All “N” fields are right justified, left zero filled.
- Please find the “R/O/S/N” column at the end of each row in this specification. Each row is populated with either “R” = data is required, “O” = optional “S” = required if available, and “N” = not applicable at this time. If there is no data available in an “O”, “S”, or “N” field, please pad with blanks. Please note that some of the fields designated as “S” or “N” represent data that may not be available at this present time. These fields are included in order to provide room for future implementation.
- Transmissions of dispensing reversals are required These are represented by a negative quantity, with all other fields should remain the same as the original claim. (e.g.: the field content for a reversal qty of 30 should read “00000-30”. We need to see reversals to accurately reflect true narcotic dispensing.
- Reporting should be based on the ultimate dispensing to the patient and not by billing records. If you bill one unique dispensing to several payers, require one unique record for that dispensing and not all the submittals and reversals involved in billing. In other words, if the patient received the prescription, we require that one record. If the dispensing was reversed, we require one record showing that.

State of Maine Prescription Monitoring Submission Format *

*State of Maine format is a selection of fields from ASAP Voluntary Industry Guidelines Ver. 2, Rel. 1

Col.	Field Name	ASAP Ver. 2 Rel.1 Reference	Field Type	Format / Description	Start	End	Length	R/O/S/N
1	NCPDP Pharmacy Number (NABP)	PHA02	a/n	NCPDP pharmacy number (7 digit)	1	10	10	R
2	Pharmacy DEA number	PHA03	a/n	Pharmacy DEA number	11	20	10	R
3	NPI number	PHA01	a/n	Assigned to the pharmacy by HCFA	21	30	10	S
4	Date Filled	DSP09	DT	YYYYMMDD	31	38	8	R
5	Prescription Number	DSP03	N	Pharmacy or Dispenser Assigned	39	45	7	R
6	Refill Number	DSP04	N	Num. of Refill. 00 indicates New RX, 01-99 is the refill number	46	47	2	R
7	NDC Number	DSP12	a/n	NDC in 5-4-2 Format, without dashes. 11 digits left justified with 4 trailing blanks. If an NDC starts with zeros, then include those zeros in the transmission to keep the length of the NDC at 11 digits.	48	62	15	R

8	Quantity	DSP14	N	Metric Quantities should be used when appropriate. Insert decimal point when metric. Preceed with a negative sign when a reversal.	63	73	11	R
9	Days Supply	DSP15	N	Indicated on script or as calculated by dispenser	74	76	3	R
10	Patient Unique System ID	PAT03	a/n	Patient's Unique ID within reporting Pharmacy's system	77	88	12	R
11	Filler	-n-	a/n	Reserved for future use	89	98	10	N
12	Alternate Patient ID Number	PAT05	a/n	Unique identifier of patient as issued by governmental issuing authority and provided to the pharmacy for identification. Can be: Government issued ID such as motor vehicle operator's license number, or other . Required if available. Padded blanks if not.	99	118	20	S
13	Patient last name	PAT06	a/n	Patient last name	119	133	15	R
14	Patient first name	PAT07	a/n	Patient first name	134	145	12	R
15	Patient Middle Name	PAT08	a/n	Patient Middle name or initial	146	157	12	S
16	Name Prefix	PAT09	a/n	Patient name prefix such as Mr. Or Dr.	158	167	10	O
17	Name Suffix	PAT10	a/n	Patient's name suffix such as Jr. or the III pad blank spaces if none.	168	177	10	S
18	Address Information - 1	PAT11	a/n	Free-form text for address information	178	207	30	R
19	Address Information - 2	PAT12	a/n	Free-form text for additional address information	208	237	30	S
20	Patient city address	PAT13	a/n	Free-form text for city name	238	257	20	R
21	Patient state address	PAT14	a/n	U.S. Postal service state code	258	259	2	R
22	Patient postal code	PAT15	a/n	Allow 9 digit zip codes to be entered	260	268	9	R
23	Patient date of birth	PAT18	DT	YYYYMMDD	269	276	8	R
24	Patient Gender Code	PAT19	a/n	F = Human Female, M = Human Male (Maine also requests as appropriate the following codes: A = Animal, T = Transfer; D = Deceased after dispensing)	277	277	1	R
25	DEA Prescriber identification number	PRE04	a/n	DEA Number	278	287	10	R
26	Prescriber National Provider Identifier (NPI)	PRE03	a/n	Assigned to the provider by HCFA	288	297	10	S
27	DEA Suffix Number	PRE05	a/n	Identifying number assigned to the Prescriber an institution when the institution's number is provided as the DEA number.	298	304	7	S
28	Prescriber's Last Name	PRE08	a/n	Prescriber's Last Name	305	319	15	R
29	Prescriber's First Name	PRE09		Prescriber's First Name	320	331	12	R
30	Date prescription issued by practitioner	RX08	DT	YYYYMMDD	332	339	8	R
31	Source of payment	PLN04	N	Code identifying primary payer: 01 = Cash, 02 = Medicaid, 03 = Medicare, 04 = Commercial PBM Insurance, 05 = Major Medical, 06 = Worker's Comp	340	341	2	R
32	ID of Person who receives the prescription from the dispenser	CSR04	a/n	Can be: Government issued ID such as motor vehicle operator's license number, Social Security number, US military ID.	342	361	20	O

33	ID Qualifier of Person Picking up RX	CSR03	a/n	Used to identify the type of ID contained in CSR04 (XX) = U.S.P.S. state code of the state that issued the ID (ME, NH, VT, etc), SS = social security Number, US = US military ID	362	363	2	O
34	Relationship of Person Picking Up Rx	CSR05	a/n	Code indicating relationship of Person picking up the RX 01 = Patient, 02 = Parent/Legal Guardian, 03 = Spouse, 04 = Caregiver, 05 = Other	364	365	2	O
35	Last name of person Picking Up Rx	CSR06	a/n	Last name of person Picking Up Rx	366	380	15	O
36	First name of person Picking Up Rx	CSR07	a/n	First name of person Picking Up Rx	381	392	12	O
37	State issuing RX serial number	CSR01	a/n	U.S.P.S. state code of state that issued serialized prescription document. CURRENTLY N/A	393	394	2	N
38	State issued RX serial number	CSR02	a/n	If state chooses to establish a serialized Prescription system CURRENTLY N/A	395	414	20	N