

Texas Prescription Program

Electronic Submission Guidelines



ISSUED BY THE
TEXAS DEPARTMENT OF PUBLIC SAFETY
AUSTIN, TEXAS

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Texas Prescription Program

On September 1, 1999, the Texas Department of Public Safety (DPS) implemented changes in the Texas Prescription Program (TPP). According to the Health and Safety Code Section 481.075, (i)(3), each dispensing pharmacist shall send all information required by the director, including any information required to complete an official prescription form, to the director by electronic transfer or another form approved by the director. Effective September 1, 2008, the Health and Safety Code Section 481.074, (q), requires that each dispensing pharmacist shall send all information required by the director, including any information required to complete the Schedule III through V prescription forms, to the director by electronic transfer or another form approved by the director. In both cases, the prescription information must be transmitted not later than the 15th day after the last day of the month in which the prescription is completely filled. The TPP manages the collection and verification of required data from the Schedule II through V controlled substance prescriptions submitted electronically to DPS through a private contractor, Atlantic Associates, Inc. (AAI). Questions concerning interpretations of technical and compliance matters may be referred to AAI, however, final resolution decisions, including interpretation of regulations, will rest with the DPS.

The Requirements

All pharmacies in Texas (except inpatient hospital pharmacies filling inpatient prescriptions), that dispense prescriptions for Schedule II through V controlled substances, are required to report. A record of each Schedule II through V dispensed must be completed and submitted to AAI. The reporting period begins on the first day of the month through the last day of the month.

The DPS requires each Schedule II through V controlled substance prescription submitted contain the following data:

1. Pharmacy DPS Number, (Number issued by DPS)
2. Prescription Number (Assigned by the pharmacy)
3. NDC Number or Primary Controlled Substance Ingredient
4. Date Prescription Filled
5. Date Prescription Written
6. Metric Quantity
7. Prescription (Triplicate or Single Copy) Control Number (Schedule II only)
8. Prescriber DPS Number
9. Patient First Name
10. Patient Last Name
11. Patient Street Address
12. Patient State
13. Patient Zip Code
14. Patient Date of Birth or Age

Prescriptions that are compounded by the pharmacist and contain Schedule II through V controlled substances must be reported. The NDC number of the Schedule II through V ingredient must appear in the NDC field and the actual metric quantity of the Schedule II through V controlled substance used in the compounding is reported in the quantity field. **If more than one Schedule II through V controlled substance is used, the NDC field must contain the primary NDC number of the Schedule II through V ingredients. The metric quantity of the reported Schedule II through V ingredient must be reported in the quantity field.**

Exceptions from Reporting Electronically (Schedule II only)

(a) Minimum prescription threshold. If a pharmacy fills a small number (15 or less per month) of reportable prescriptions, the pharmacy may request from the director a waiver from electronic reporting. If a waiver is granted, the pharmacy must file reportable prescriptions with the director on a form approved under §13.79(c) of this title (relating to Pharmacy Responsibility - Non-electronic Reporting).

(b) Inadequate technology. If a pharmacy is not automated or cannot meet the requirements in §13.77 of this title (relating to Electronic Compatibility), the pharmacy may request from the director a waiver from electronic reporting. The request must clearly describe the technological inadequacies in the pharmacy.

(c) Written request. The waiver must be requested annually in writing.

(d) Duration. If granted, the waiver will remain in effect for no longer than twelve months, beginning the first day of the month following the month the waiver was granted.

Alternative method of Reporting Electronically (Schedules II through V)

If a pharmacy is unable to meet the electronic reporting requirements, an alternative method is available from Atlantic Associates, Inc. Please contact Atlantic Associates, Inc. at (888) 492-7341 for information regarding this method.

Collection of Data

The required data may be reported in the form of diskette or direct computer link. Transactions must be submitted not later than the 15th day after the last day of the month in which the prescription is completely filled.

If the medication is not dispensed, write “VOID” on the prescription and mail to Texas Prescription Program, 5805 North Lamar, Blvd., P O Box 4087, Austin, TX 78773-0439.
DO NOT TRANSMIT THIS INFORMATION.

Submission of Data

The data will be submitted to:

ATLANTIC ASSOCIATES, INC.
PRESCRIPTION COLLECTION
8030 S. WILLOW STREET
MANCHESTER, NH 03103
Phone: (888) 492-7341
Fax: (877) 508-6704

and may be submitted in any of the following forms.

Diskette

3 ½" Formatted Diskette submitted in ASAP format as ASCII files. A line feed and carriage return is required at the end of each data record.

The file name should be the pharmacy DPS number followed by .DAT or .TXT (ex: 12345678.DAT or 12345678.TXT).

External label must contain: Pharmacy/Submitter Name, Pharmacy DPS Number and Number of prescriptions

File Transfer Protocol (FTP)

For information regarding a Secure FTP submission, please contact Atlantic Associates, Inc. at (888) 492-7341, for instructions, user names and passwords.

Data Transmission

Data may be transmitted at speeds up to 9,600 baud using ASAP data transmission protocols. These protocols are available upon request. Data link may be established by dialing one of the following numbers:

1-877-236-7770

1-888-608-0574

1-888-257-0226

1-800-236-1138

1-888-236-7770

Rejection of Data

Data will be rejected if it does not meet the data requirements specified herein and the layouts and requirements of the ASAP standards. The submitter will be notified, in writing, of the reason for failure. You will receive a postcard for the records accepted and a letter for the records rejected; only the records in error are rejected. **Resubmit the corrected records only; you do not need to resubmit the entire file.**

Accounting for Submissions

All submissions by diskette (i.e., other than on-line submissions) must be accompanied by a Prescription Information Transmittal Form. A copy of the Transmittal Form (see example page 6) can be located on the DPS website: <http://www.txdps.state.tx.us/ftp/forms/tp-4.pdf>.

The Pharmacy should submit two (2) copies with the disk and keep the third (3rd) copy for its records. In the case of modem transmission, Secure FTP or diskette submission an acknowledgment postcard will be mailed to the pharmacy confirming the receipt and acceptance of the transmission (see example page 7).

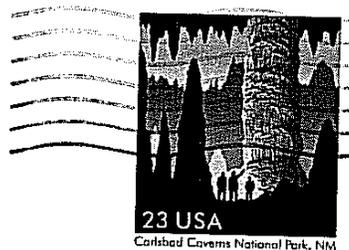
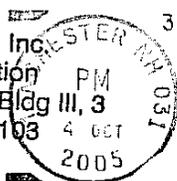
Example of Transmittal Form Located at the following website:

<http://www.txdps.state.tx.us/ftp/forms/tp-4.pdf>

	TEXAS DEPARTMENT OF PUBLIC SAFETY	
Prescription Information Transmittal Form		
Date _____		
PHARMACY INFORMATION		
_____ Texas DPS Number	_____ Federal DEA Number	
_____ Pharmacy Name		
_____ Pharmacy Address		
_____ City/Zip Code	_____ Telephone Number	
TRANSMISSION		
<input type="checkbox"/> Disk	<input type="checkbox"/> Tape	<input type="checkbox"/> Other _____
_____ File Name	_____ Total No. of Transactions Included	
_____ Beginning Prescription Date	_____ Ending Prescription Date	
_____ Authorized Signature	_____ Print Name	
MAIL TO: ATLANTIC ASSOCIATES INC PRESCRIPTION COLLECTION 8030 S WILLOW ST MANCHESTER NH 03103		
TP-4 (5/99)		

Example of confirmation postcard

Atlantic Associates, Inc.
Prescription Collection
8030 S. Willow St., Bldg III, 3
Manchester, NH 03103



40146246
OUT OF STATE PHARMACY
PRESCRIPTION REPORT
PO BOX 4087
AUSTIN TX 78773

RECEIVED

OCT 11 2005

TX. PRESCRIPTION PROGRAM



© 2005 USPS.com

TX Rx Monitoring Program - 40146246
On 10-03-2005 your submission of 698
prescriptions were processed by AAI for fill dates
of 09-01-05 to 09-30-05.
IF this differs from the amount you sent, please
contact us at 1-800-539-3370. Thank you.

Assistance and Support

Atlantic Associates, Inc., (AAI) is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Support is available in providing requirements and technical data which might be needed to meet the requirements.

Questions concerning interpretations of technical and compliance matters may be referred to Atlantic Associates, Inc., however, final resolution decisions, including interpretation of regulations will rest with the Texas Department of Public Safety.

Helpful Hints

1. DPS registration numbers may begin with an alpha, but the second digit is always numeric and is usually a zero (0).
2. For all Schedule II prescriptions, the practitioner DPS number and the control number must be entered directly from the prescription. A different control number is printed on each form.
3. If asked to verify information, make sure pharmacy personnel (including temporary, floating or rotating personnel) know the procedures for verification and verify information directly from the hardcopy.
4. All fields require information.
5. If information is requested by DPS for verification, clarify information from the hardcopy and send directly to DPS. **DO NOT RETRANSMIT THIS INFORMATION TO AAI.**
6. If the pharmacy DPS registration number changes for any reason, verify with your software vendor that the information is updated in your system.
7. For more information on obtaining a waiver from electronic submission, contact DPS at (512) 424-2189.

State of Texas - ASAP Telecommunications Format for Controlled Substances

Field Name	Field Format	Field Length	Field Positions
Identifier	A/N	3	001 - 003
Bin	N	6	004 - 009
Version Number	N	2	010 - 011
Transaction Code	N	2	012 - 013
Pharmacy Number	A/N	12	014 - 025
Patient ID Number	A/N	20	026 - 045
Zip Code	A/N	3	046 - 048
Birth Date	N	8	049 - 056
Sex Code	N	1	057 - 057
Date Filled	N	8	058 - 065
Rx Number	N	7	066 - 072
New - Refill Code	N	2	073 - 074
Metric Quantity	N	5	075 - 079
Days Supply	N	3	080 - 082
Compound Code	N	1	083 - 083
NDC Number	N	11	084 - 094
Prescriber ID Number	A/N	10	095 - 104
DEA Suffix	A/N	4	105 - 108
Date Rx Written	N	8	109 - 116
Number of Refills Authorized	N	2	117 - 118
Rx OrigTX Code	N	1	119 - 119
Customer Location	N	2	120 - 121
Diagnosis Code	A/N	7	122 - 128
Alternate Prescriber #	A/N	10	129 - 138
Patient Last Name	A/N	15	139 - 153
Patient First Name	A/N	15	154 - 168
Patient Street Address	A/N	30	169 - 198
State	A/N	2	199 - 200
Zip Code (Extended)	A/N	9	201 - 209
Official Prescription Serial Number (CII only)	A/N	12	210 - 221
Filler	A/N	1	222

***NOTE:** All A/N fields must be left justified, right blank filled, and all N fields are right justified, left zero filled.

State of Texas / ASAP Telecommunications Format Field Definitions

Field Name	Definition ①. Required Field for Texas CII-V reporting. ②. Optional Field for Texas CII-V reporting ③. Required Field for Texas CII reporting	Values/Comments
Identifier		②
BIN		②
Version Number		②
Transaction Code		②
Pharmacy Number	Texas Department of Public Safety Number (DPS #) assigned to the pharmacy	①
Patient ID Number		②
Zip Code	3 digit US Postal Code identifying the state code	②
Birth Date	Customer's birth date	① - YYYYMMDD
Sex Code	Sex / Gender of the patient	② 1=Male=Female
Date Filled	Date the prescription was filled	① - YYYYMMDD
Rx #	Prescription number	①
New-Refill Code	Code indicating whether the prescription is new or refill	②
Metric Quantity	Number of metric units of drug being dispensed	①
Days Supply	Estimated number of days the prescription will last	②
Compound Code	Code indicating whether or not the prescription is a compound medication	①
NDC Number	National Drug Code of the drug dispensed	① - (5-4-2) format
Prescriber ID	DPS # of the prescribing physician (DPS # required in Texas ONLY)	①
DEA Suffix	DEA Suffix	②
Date Rx Written	Date the Rx was written	①YYYYMMDD
Number of Refills Authorized	number of refills authorized by Prescriber	②
Rx Origin Code	Code indicating the origin of the prescription	②
Customer Location	Code indicating location of patient (customer)	②
Diagnosis Code	ICD-9 or CPT code provided by Prescriber	②
Alternate Prescriber	State license number or HIN. To be included if DEA number field is for an institution rather than the prescriber.	②
Patient Last Name	Patient Last Name	①
Patient First Name	Includes middle initial and suffix	①
Patient Address	Street or PO Box #	①
Patient State	Standard 2-digit State abbreviation (example: TX).	①
Patient Zip Code	Full zip code (including 4-digit suffix if available).	①
Official Rx Serial #	# Assigned to official Rx document by the State of Texas.	③
Filler	Filler	②

Contact Information

TPP WEBSITE

www.txdps.state.tx.us/criminal_law_enforcement/prescription_program/index.htm

TPP/DPS Personnel

tppcsr@txdps.state.tx.us
5805 North Lamar Blvd
PO Box 4087
Austin, TX 78773-0439

Johnny Hatcher
Manager
Narcotics Regulator Programs
johnny.hatcher@txdps.state.tx.us
512-424-2458

Patrick Knue
Program Administrator
Texas Prescription Program
patrick.knue@txdps.state.tx.us
512-424-2459

Bj Slack
Prescription Reporting Supervisor
Texas Prescription Program
bj.slack@txdps.state.tx.us
512-424-7304

Data Processing Vendor

Atlantic Associates, Inc.
Prescription Collection
8039 S. Willow Street
Manchester, NH 03103
data@aainh.com
(888) 492-7341