



Louisiana Controlled Substance Utilization Review Program

Dispenser's Implementation Guide for Dispensing Dentists v1.3

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Version Control Log

Version	Date	Author	Comments
1.0	09/01/2008	Espy/Trawick	Initial version
1.1	05/04/2009	Sommerville/Trawick	ASAP 95 Specifications updated to include format for NDC when using a compound
1.2	06/01/2009	McCollough/Trawick	Item B in "Data Collection Requirements" topic updated
1.3	08/20/2010	McCollough Trawick	<ul style="list-style-type: none">• Reporting interval changed from 14 days to 7 days• Reference to rule identifying drugs of concern added to "Purpose and Contents" and "Reporting Requirements" topics

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1 Document Overview

Purpose and Contents

The RxSentry® Dispenser's Implementation Guide for Dispensing Dentists serves as a step-by-step implementation and training guide for dispensers who use RxSentry as a repository for the reporting of their Schedule II, III, IV and V controlled substances and any drugs of concern, which are identified by LAC: 46.29.2901.

The guide includes such topics as:

- Reporting requirements for dispensers in the State of Louisiana
- Data file submission guidelines and methods
- Creating your upload account
- Creating a data file
- Uploading or reporting your data
- Understanding upload error codes and definitions

Note: The screen shots in this guide are taken from the Prescription Drug Monitoring Program for the Arizona State Board of Pharmacy, but the functionality described is applicable to all dispensers in the State of Louisiana.

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2 Data Collection and Tracking

Data Collection Requirements

Act 676 of the 2006 Louisiana Legislature authorized the Louisiana Board of Pharmacy to develop, implement and operate an electronic system for the monitoring of controlled substances and other drugs of concern which are dispensed in the state or dispensed to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

Dispensers are required to report their eligible transactions electronically to the program no later than seven (7) days after the dispensing date; however, shorter intervals are permitted and encouraged.

If the dispenser is unable to submit prescription information by electronic means, he may apply to the Board for a waiver. The Board may grant a waiver to that requirement; if so, the waiver shall state the format and frequency with which the dispenser shall submit the required information. The waiver shall expire one year after the date of issue, unless terminated sooner by the Board.

A dispenser who fails to submit prescription monitoring information to the Board as required shall be referred to the appropriate professional licensing, certification, or regulatory agency for administrative sanctions as deemed appropriate by that agency.

A "dispenser" is a person authorized by the state of Louisiana to dispense or distribute to the ultimate user any controlled substance or drug monitored by the program, but shall not include any of the following;

- A. A hospital pharmacy permit's in-patient dispensing; however, all hospital pharmacy permits ***will be required to report*** due to the fact that a number of hospital pharmacies do dispense prescriptions in the form of take-home medications as allowed by LAC, Title 46: LIII §1523B(4)(5).

Note: Hospital pharmacy permits that do not dispense take-home medications should refer to the section of this guide entitled [Reporting Zero Dispensing](#).

- B. A practitioner who dispenses or distributes no more than a single forty-eight hour supply of such controlled substance or drug to a patient prior to, or subsequent to, performing an actual procedure on that patient.
- C. A practitioner or other authorized person who administers a controlled substance upon the lawful order of a practitioner.
- D. A wholesale distributor of controlled substances that is credentialed by the Louisiana State Board of Wholesale Drug Distributors.

Reporting Requirements

Data collected from the dispensers shall include the following information for each Schedule II, III, IV and V prescription and any drugs of concern, which are identified by LAC: 46.29.2901:

- The dispenser's DEA number
- The name of the patient for whom the controlled substance is being dispensed, and the patient's:
 - Full address, including city, state, and zip code
 - State government issued drivers license number or ID number
 - Date of birth
- The date the prescription was written
- The date the prescription was filled
- The prescription number
- Whether the prescription is new or a refill
- Metric quantity of the dispensed drug
- Estimated days supply of dispensed drug, if provided to the dispenser
- National Drug Code of dispensed drug
- Prescriber's DEA number

Chapter 3, [Data Submission](#), provides all the instructions necessary to submit the required information.

Note: If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in Chapter 3, [Data Submission](#), to submit the data.

3 Data Submission

Timeline and Requirements

You can begin submitting data as soon as your account has been established. See [Creating Your Account](#) for more information.

Dispensers are required to report their data no later than seven (7) days after the dispensing date; however, shorter intervals are permitted and encouraged. Data collection shall begin on February 1, 2009, and reporting shall begin on or before February 15, 2009. Dispensers will be required to report their controlled substance data retroactively to June 1, 2008. Dispensers will have until March 31, 2009 to report this retroactive data.

Upload Specifications

Files should be in ASAP 95 format as defined in [Appendix A: ASAP 95 Specifications](#). Files for upload should be named in a unique fashion; with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20080901.dat."

Reports for multiple dispensers/pharmacies can be in the same upload file in any order.

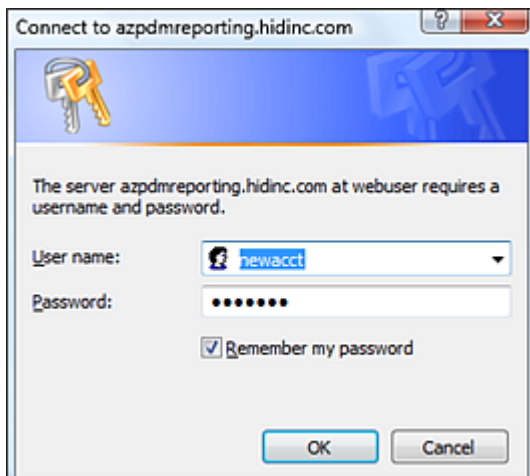
Creating Your Account

Prior to submitting data, an account must be created by the dispenser.

Note: Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, etc. send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://lacsur.hidinc.com>. The following window is displayed:



- 2 Type *newacct* in the **User name** field.
- 3 Type *welcome* in the **Password** field, and then click **OK**. A window similar to the following is displayed:



- 4 Click **Setup Upload Account**. The following window is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)	
This will setup the accounts to allow you to upload data to the Arizona Controlled Substance Prescription Monitoring Program via SFTP, FTP, or Browser. In order to identify yourself, please enter the DEA number for ANY ONE of your Pharmacies, and its 5 digit zipcode.	
Physician or Pharmacy DEA number:	<input type="text"/>
ZIP Code:	<input type="text"/>
Next	

- 5 Enter your DEA number in the **Physician or Pharmacy DEA number** field.
- 6 Type your zip code in the **Zip Code** field, and then click **Next**. A window similar to the following is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)	
We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information we need.	
6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 Phone: Fax:?	
If you will be reporting for more than one Dispenser, you should create a generic account using a something more generic like "CVS" or "Target" or "RiteAid".	
Your Choice:	<input type="radio"/> Keep A91955650 as my account for a single Dispenser. <input type="radio"/> Create an account using 6122 as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)
Who should we contact regarding issues with data uploads?	
*Contact Name:	Test April
Contact Address:	6122 WHITTIER BLD City: LOS ANGELES State: CA Zip: 90022
*Contact Email:	april@hdinc.com Don't Email Edit Reports
*Contact Phone:	3345023262
*Contact Fax:	Don't Fax Edit Reports
Anticipated Upload Method:	<input checked="" type="radio"/> FTP of file Encrypted with OpenPGP <input type="radio"/> Upload with Internet Browser using SSL <input type="radio"/> Mail a Diskette <input type="radio"/> Mail a CDR
Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies we missed. NOTE: If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.	

- 7 Complete the form in its entirety, and then click **Next**. A window similar to the following is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)	
Updating password for user A91955650	
6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 3345023262 Signup	
Thank you for completing this information.	
Your access password for the account A91955650 has been set to 40694. Please remember that password.	
You can now shutdown your browser and restart it in order to clear out the "newacct" login, then come back to this same URL with the account and password above to upload a file. At the moment, there will be a delay (less than a day) until your FTP and/or SFTP account is created.	

A randomly-assigned password for the FTP and SFTP processes is provided to you.

Software vendors setting up multiple accounts may choose from the following options:

1. Create each account separately by using the method listed above. After you finish one pharmacy's account, click **Setup Upload Account** on the home page, and repeat the process.

or

2. Create multiple accounts using one pharmacy's DEA number and zip code. If you choose this method, select **Set up user name as a group**.

Note: Data error reports will be submitted to the e-mail address(es) supplied for the account(s).

Reporting Zero Dispensing

If you have no dispenses to report within a seven (7) day period, you must report this information to the Louisiana Board of Pharmacy by performing the following steps:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window, type <https://lacsur.hidinc.com> in the address bar, and then press **[Enter]**.
- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **Report Zero Activity**. A window similar to the following is displayed:

<i>Report Zero Activity</i>	
This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.	
Dispenser:	A90777889 405 86TH ST PHARMACY INC, GLOBE PHARMACY:
Address:	405 86TH ST BROOKLYN 11209
Phone:	3345023262
Fax:	3345026589
Email:	april@hinc.com
Period Start Date:	<input type="text"/>
Period End Date:	07/07/08
Pharmacy ID/Name:	<input type="text" value="A90777889"/> <input type="text" value="405 86TH ST PHARMACY"/>
<input type="button" value="Continue"/>	

- 7 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
- All other pharmacy information is populated with the information provided when you created your account.

- 8 Click **Continue**. A message similar to the following is displayed:

<i>Report Zero Activity</i>
<i>Zero report for 07/01/08 though 07/07/08 has been registered for: A90777889 (405 86TH ST PHARMACY INC, GLOBE PHARMACY)</i>

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4 Data Delivery Methods

Quick Reference

This chapter provides information about the data delivery methods you can use to upload your controlled substance reporting data file(s).

For quick reference, click the hyperlink in the following table to view the step-by-step instructions for the data delivery method:

Delivery Method	Page
Secure FTP over SSH	11
Encrypted File with OpenPGP Via FTP	12
SSL Web Site	13
Physical Media (Tape, Diskette, CD, DVD)	14
Paper Submission	15

Secure FTP over SSH

There are many free software products that support Secure FTP. Neither the Louisiana Board of Pharmacy nor Health Information Designs is in a position to direct or support your installation of operating system software for Secure FTP; however, we have information that WinSCP (<http://winscp.net>) has been used successfully by other pharmacies.

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a .dat extension. For example, name the file *20080901.dat* if it is submitted on September 1, 2008.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20080901.zip* if it is submitted on September 1, 2008.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20080901.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20080901.dat*).

- 3 SFTP the file to <sftp://lacsur.hidinc.com>.
- 4 When prompted, use *lapdm* (lower case) in front of your DEA number (or Generic ID) as your userid and password supplied when creating your account.
- 5 Place the file in the new directory.
- 6 Log off when the file transfer/upload is complete.
- 7 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Encrypted File with OpenPGP Via FTP

There are many free software products that support file encryption using the PGP standard. Neither the Louisiana Board of Pharmacy nor Health Information Designs is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat.pgp* extension. For example, name the file *20080901.dat.pgp* if it is submitted on September 1, 2008.
- **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20080901.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20080901.dat*).

- 4 Encrypt the file with the PGP software using the public key supplied during account creation.

Note: PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.

- 5 FTP the file to <ftp://lacsur.hidinc.com>.
- 6 When prompted, use *lapdm* (lower case) in front of your DEA number (or Generic ID) as your userid and password supplied when creating your account.
- 7 Place the file in the new directory.
- 8 Log off when the file transfer/upload is complete.
- 9 Once the transmission is complete, rename the file without the .up extension (e.g., *20091009.pgp*).
- 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

HID tracks the use of the Web-based tool, and the incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file

SSL Web Site

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a .dat extension. For example, name the file *20080901.dat* if it is submitted on September 1, 2008.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20080901.zip* if it is submitted on September 1, 2008.

- 3 Open a Web browser and enter the following URL: <https://lacsur.hidinc.com>.
- 4 When prompted, type the user ID and password supplied when the account was created.
- 5 Click **Upload a File**.

- 6 Click **Browse** to navigate to the location where you saved the file created in step 2.
- 7 If not previously named according to upload requirements, rename the file using the format **YYYYMMDD.dat**, for example, *20080901.dat*.
- 8 Click to select the file, and then click **Open**.
- 9 Click **Send File**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file

Physical Media (Tape, Diskette, CD, DVD)

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20080901.dat* if it is submitted on September 1, 2008.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20080901.zip* if it is submitted on September 1, 2008.

- 3 Write the file to the preferred media (tape, diskette, CD, or DVD).
- 4 Add a label to the outside of the media that contains the following information:
 - Pharmacy DEA Number
 - Date of Submission
 - Contact Person
- 5 Mail the media to:

Health Information Designs, Inc.
ATTN: LACSUR Program
391 Industry Drive
Auburn, AL 36832

Paper Submission

If you do not have an automated record keeping system capable of producing an electronic report using the ASAP 95 format, prescription information may be submitted on the Universal Claim Form (located in [Appendix B](#) in this document) after approval is granted by the Louisiana Board of Pharmacy.

For information about requesting a waiver to submit prescription information in paper form, contact the Louisiana Board of Pharmacy at 225-925-4767.

Completed forms may be faxed to 1-888-762-3149 or mailed to:

Health Information Designs, Inc.
ATTN: LACSUR Program
391 Industry Drive
Auburn, AL 36832

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Appendix A: ASAP 95 Specifications


The following table defines the specific contents required of uploaded records to comply with the Louisiana Controlled Substance Utilization Review Program.

Note: An asterisk indicates a required field.

Field Name	Type	Len	Cols	Sample	Meaning
identifier	A*	3	1-3	"ASB"	Fixed Identifier
bin	N*	6	4-9	"LACSUR "	Fixed BIN
version-number	A*	2	10-11	"A2"	Fixed Version
trans-code	N*	2	12-13	"01"	Fixed Value
pharm-number	A*	12	14-25	"AB1234567"	DEA Number of Dispenser
customer-license-number	A*	20	26-45	"123456789"	State government issued drivers license number or ID number
zip-code	A	3	46-48	"708"	First Three Digits of Customer Zip Code
birth-date	D*	8	49-56	"19550420"	Customer Birth-date, YYYYMMDD format
sex-code	A*	1	57-57	"1"	Sex code - 1=Male, 2=Female,
date-filled	D*	8	58-65	"20081103"	Date Claim was filled, YYYYMMDD format
rx-number	A*	7	66-72	"2239557"	Your internal Rx number
new-refill-code	N*	2	73-74	"00"	00 = New, 01 through 99 means refill
metric-qty	N*	5	75-79	"00030"	Quantity Dispensed. No assumed decimal place. Use whole units for tablets, #ML for liquids, #MG as appropriate.
days-supply	N	3	80-82	"030"	Days of Supply
compound-code	A	1	83-83	"0"	0=Not specified, 1=Not Compound, 2=Compound

Field Name	Type	Len	Cols	Sample	Meaning
ndc-number	A*	11	84-94	"53014057507" for NDC Code OR "99999999999" for a compound	NDC Code (e.g.: METADATE CD 20 MG CAPSULE) Note: If using a compound the format for NDC must be all 9s (99999999999)
presc-id	A*	10	95-104	"AA99999999"	DEA Number of Prescribing Physician
dea-suffix	A	4	105-108	"0123"	If above DEA Number is a facility, a unique identifier established by that facility to identify specific prescribers
date-rx-written	D*	8	109-116	"20070102"	Date Rx written, YYYYMMDD format
num-refill-auth	N*	2	117-118	"00"	Number Refills Authorized
rx-origin-code	A	1	119-119	"1"	Rx Origin Code (0=Not Specified, 1=Written Rx, 2=Telephone Rx, 3=Faxed, 4=Electronic/Eprescription)
cust-location	A	2	120-121	"01"	Customer Location (00=Not Specified, 01=Home, 02=Nursing Home, 03=Outpatient, 04=Hospice)
diag-code	A	7	122-128	4240	ICD9 Diagnosis if provided by Prescriber (e.g.: MITRAL VALVE DISORDERS)
alt-presc-id	A	10	129-138		State License Number of Prescriber if presc-id is an Institutional DEA Number
pat-last-name	A*	15	139-153	"Harris "	Patient Last Name
pat-first-name	A*	15	154-168	"Jason "	Patient First Name
pat-street-addr	A*	30	169-198	" 124 West 34th Street "	Patient Street Address
state-code	A*	2	199-200	"LA"	State Code of Patient Address
zip-code-extd	A*	9	201-209	"70804"	Extended Zip Code of Patient Address (5 digit Zip is acceptable)
trip-serial-num	A	12	210-221		Triplicate Serial Number. This does not apply to Louisiana at present. Leave blank.
filler-stuff	A	1	222-222		

Appendix B: Universal Claim Form

 HEALTH INFORMATION DESIGNS, INC PRESCRIPTION DRUG MONITORING PROGRAM LACSUR-UNIVERSAL CLAIM FORM		
Please use this form to report the dispensing of a controlled substance.		
Fax: (866) 422 3761 Phone: (800) 225 6998	Fax or Mail to Health Information Designs	391 Industry Dr Auburn, AL 36832
PATIENT INFORMATION		
First Name _____ MI _____ Last Name _____ State _____ Drivers License # or State Issued ID # _____ DOB ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Address _____ City _____ State _____ Zip _____		
PHARMACY INFORMATION		
Pharmacy Name _____ NABP _____ DEA _____ Phone # (____) _____-____ Fax # (____) _____-____ Address _____ City _____ State _____ Zip _____		
PRESCRIPTION INFORMATION		
Prescription # 1 Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ <input type="checkbox"/> New <input type="checkbox"/> Refill NDC [] [] [] [] - [] [] [] [] - [] Drug Name(Strength) _____ Quantity Dispensed _____ Days Supply _____ # Refills Left _____ Prescriber Name _____ State License # _____ DEA _____ Prescriber Phone # (____) _____-____ Prescriber Fax # (____) _____-____		
Prescription # 2 Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ <input type="checkbox"/> New <input type="checkbox"/> Refill NDC [] [] [] [] - [] [] [] [] - [] Drug Name(Strength) _____ Quantity Dispensed _____ Days Supply _____ # Refills Left _____ Prescriber Name _____ State License # _____ DEA _____ Prescriber Phone # (____) _____-____ Prescriber Fax # (____) _____-____		
Prescription # 3 Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ <input type="checkbox"/> New <input type="checkbox"/> Refill NDC [] [] [] [] - [] [] [] [] - [] Drug Name(Strength) _____ Quantity Dispensed _____ Days Supply _____ # Refills Left _____ Prescriber Name _____ State License # _____ DEA _____ Prescriber Phone # (____) _____-____ Prescriber Fax # (____) _____-____		
FOR HID USE ONLY		
Date Received ____/____/____ Date Entered ____/____/____ Comments _____ _____		

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Appendix C: Upload Reports and Edit Definitions

Upload Reports

HID provides all submitters of data with an upload report. When creating an account, you are required to submit an e-mail address and a fax number. You can specify if you wish to receive your upload report by either of these methods. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

```
Edit Report for file 1/010038 Edited 07/11/07
Record      2: 05-No such pharmacy found in DEA table   Data: [9101509 ]
Record      3: 09-Birth Date Invalid                    Data: [19550435]
Record      4: 10-Sex Code Invalid                      Data: [3        ]
Record      5: 15-Date Filled Invalid                   Data: [20070631]
Record      5: 18-Qty Invalid                           Data: [00two    ]
Record      6: 19-Days Supply Invalid                   Data: [one      ]
Record      7: 21-NDC Invalid                           Data: [99914057]
Record      8: 25-Prescriber Invalid                    Data: [98356    ]
Record      9: 28-Date Written Invalid                  Data: [20050900]
Record     10: 86-Diagnosis Code Invalid                 Data: [4240AA   ]
Record     11: 15-Date Filled Irrational                 Data: [20050103]
Total #Records: 11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1
```

A single claim may be rejected, or if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. We track three types of errors:

- Minor – Incorrect data in non-vital field
- Serious – Record can be loaded with missing or inappropriate data
- Fatal – Record cannot be loaded

An entire batch may be rejected if:

- ALL records have Fatal or Serious errors
- More than 10% of the records have Fatal errors
- More than 20% of the records have Serious errors

Our intent is to identify formatting errors and issues with the proper recording of data. Otherwise, we will load all records without fatal errors.

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
EDIT 05	Must Find Pharmacy ID Number in Rx Sentry by DEA NUMBER	Fatal
EDIT 07	Customer Id Number must not be blank	Minor
EDIT 09	Birth Date must be a valid date and plausible (1890 < Birth-Date < * today) Accurate Birth-Date is essential to identifying near matches of patients	Serious
EDIT 10	Sex Code must be 1 or 2 Gender is important in identifying near matches of patients.	Serious
EDIT 15	Date Dispensed must be a valid date and plausible (a month ago < Date-Dispensed < today)	Serious
EDIT 18	QTY Dispensed must be a valid number and plausible	Minor
EDIT 19	Days Supply must be a valid number and plausible	Minor
EDIT 21	NDC Number must be a valid number and found in our database (Not Fatal, since it is possible a new NDC MIGHT not be in our database, and it is better to import the record anyway.)	Serious
EDIT 25	Prescriber ID Number must be found in our DEA table (Not Fatal, since it is possible a new Prescriber MIGHT not be in our database, and it is better to import the record anyway.)	Serious
EDIT 28	Date RX Written must be a valid date and plausible (a month ago < Date-Dispensed < today)	Serious
EDIT 50	Customer Last Name must not be blank	Serious
EDIT 51	Customer First Name must not be blank	Serious
EDIT 52	Customer Address must not be blank	Serious
EDIT 53	Customer Zip Code must not be blank	Serious
EDIT V1	Should not be an existing record for same patient name/DOB/dates/NDC/Prescriber. Apparent Duplicate	Fatal

Appendix D: Assistance and Support

Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact HID at lacsur-info@hidinc.com

or

Call 1-866-792-3149

Technical assistance is available from 9:00 am – 5:00 pm CST (Central Standard Time)

Administrative Assistance

If you have any non-technical questions regarding the Louisiana Controlled Substance Utilization Review Program, please contact:

Joe Fontenot, R.Ph.

Prescription Monitoring Program Manager
Louisiana Board of Pharmacy
5615 Corporate Blvd., 8th Floor
Baton Rouge, LA 70808
(225) 925-4767