Nebraska Parkinson's Disease Registry – Delimited Specification Version 3.5.2
(Revised 2/28/2022)

Prescription data is passed to the Parkinson's disease registry using a single CSV delimited file containing client, prescription, and provider information. The file should be a CSV file in MS-DOS format.

Below are the fields to include in the file. Files need to be generated using the ASCII character set. Records will be variable length and need to be separated by a comma. If you have questions concerning delimited files, contact the Help Desk at *DHHS.NPDR@nebraska.gov.*

Client Data

Column	Data type	Required	Default	Notes
Patient Last Name	Char (50)	Y		
Patient First Name	Char (50)	Y		If client does not have a first name, *NO FIRST NAME* must be entered in this field.
Patient Middle Initial	Char (1)			
Patient DOB	Date (8)	Y		MMDDYYYY
Patient Gender	Char (1)	Y		**M (Male), F (Female), U (Unknown)**
Patient Address 1	Char (55)	Y		The primary address of the client/contact.
Patient Address 2	Char (55)			
Patient City	Char (52)	Y		
Patient State	Char (2)	Y		
Patient Zip	Char (9)	Y		If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators. NESIIS will attempt to populate city, county, and state if a Nebraska ZIP Code is sent.
Prescriber Last Name	Char (50)	Y		
Prescriber Suffix/Title	Char (4)			MD, PA, APRN, etc.
Prescriber First Name	Char (50)	Y		
Prescriber Middle Initial	Char (1)			
Prescriber Address 1	Char (55)	Y		The primary address of the prescribing clinician.
Prescriber Address 2	Char (55)			
Prescriber City	Char (52)	Y		
Prescriber State	Char (2)	Y		
Prescriber Zip	Char (9)	Y		If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators. NESIIS will attempt to populate city, county, and state if a Nebraska ZIP Code is sent.
Prescriber NPI	Char (10)			National Provider Identifier for prescribing clinician.
NDC	Char (11)			National Drug Code
Drug Name	Char (50)			Trade Name of Medication
Drug Strength	Char (5)			
Qty_Dispensed	Char (5)			
Days Supply	Char (3)			
Sold Date	Date (8)			MMDDYYYY – Date medication was dispensed to client.

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Column	Data type	Required	Default	Notes
Store Name	Char (55)	Y		Name of dispensing pharmacy.
Store ID Number	Char (10)			Pharmacy ID number for dispensing pharmacy.
Store Address	Char (55)	Y		
Store City	Char (52)	Y		
Store State	Char (2)	Y		
Store Zip	Char (9)	Y		If +4 zip is used, the first 5 characters and second 4 characters are concatenated into a single value, without separators. NESIIS will attempt to populate city, county, and state if a Nebraska ZIP Code is sent.
Store Phone Number	Char (10)	Y		Format as digits only starting with the area code, ex. 4021234567.

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