Nebraska Parkinson's Disease Registry – Delimited Specification Version 3.5.8
(Revised 12/1/2024)

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)	Y (if available)		
Patient DOB	Date (8)	Y		MMDDYYYY
Patient Gender	Char (1)	Y		**M (Male), F (Female), U (Unknown)**
Patient Street Address	Char (55)	Y		The primary address of the client/contact.
Patient Other Address	Char (55)	Y (if existing)		(Apartment number, PO Box, etc.)
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)	Y (if available)		MD, PA, APRN, etc.
Prescriber First Name	Char (50)	Y		
Prescriber Middle Initial	Char (1)	Y (if available)		
Prescriber Street Address	Char (55)	Y		The primary mailing address of the prescribing clinician.
Prescriber Other Address	Char (55)	Y (if existing)		(Suite, PO Box, etc.)
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)	Y (if available)		National Provider Identifier for prescribing clinician.
NDC	Char (11)	Y		National Drug Code
Drug Name	Char (50)	O (optional)		Trade Name of Medication, or Description if generic
Drug Strength	Char (5)	O (optional)		

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Column	Data type	Required	Default	Notes
Qty_Dispensed	Char (5)	O (optional)		
Days Supply	Char (3)	O (optional)		
Dispensed Date	Date (8)	Y		MMDDYYYY – Date medication was dispensed to client.
Store Name	Char (55)	O (optional)		
Store ID Number	Char (10)	Y (if available)		Used for pharmacies that belong to a larger org.
Store Address	Char (55)	O (optional)		
Store City	Char (52)	O (optional)		
Store State	Char (2)	O (optional)		
Store Zip	Char (9)	O (optional)		
Store Phone Number	Char (10)	O (optional)		
License Number	Char (7)	Y		Number assigned to pharmacy by the state of Nebraska.
Prescriber Email	Char (55)	O (optional)		E-mail address of prescribing clinician.
Prescriber Phone Number	Char (10)	O (optional)		

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