

FAQs ABOUT DEA REGISTRATION NUMBERS

1. Why do I need a DEA number if I practice only in DoD facilities? Many MHS beneficiaries have prescriptions filled at non-MTF pharmacies. Computer software at civilian pharmacies identifies providers by DEA number and not Social security number. Therefore, DoD providers need DEA numbers.
2. Are there any other reasons DoD providers are required to get DEA numbers? Yes. With the implementation of the Pharmacy Data Transaction Service (PDTS), the MTF, commercial and mail-order pharmacies will be linked into a centralized database that can be accessed by both providers in the MTFs and the DoD Pharmacoeconomic Center in order to accomplish drug utilization reviews. DEA numbers identify providers uniquely within that system and allows safer and more cost-effective business practices for DoD pharmacy. As a plus for the DEA, it will allow better oversight of controlled drug utilization within the MTFs of the DoD.
3. Will the DEA charge a fee for the DEA number? No. DEA numbers for DoD providers are fee-exempt. However, a DoD provider who moonlights must obtain an additional DEA number through the regular application process and at the regular fee.
4. Do I need a state license to obtain the fee-exempt DEA number? Yes, but any current state license will work.
5. What about Nurse Practitioners and Physicians or midlevel providers in general? Do they need DEA numbers as well? Mid-level providers are not included in this initiative because of the variability in State laws with regard to what they can and can't write for. There is nothing that prevents a midlevel provider from obtaining a DEA number through this system if he/she is assigned in a State that allows that type of provider to have one (it would be tougher on the credentials folks when that provider goes PCS to a State with different laws). It has not been easy to get as far as we have even with docs and dentists because the DEA must remain sensitive to the drug dispensing laws of each State. It is the goodwill and trust of the States that has allowed the DEA and DoD to work together on this since some States have other requirements linked to obtaining a DEA number (i.e. "same State" medical license requirements of their own and/or a separate "Controlled Drug Substance" number for that State). We are still working with South Carolina, in fact, to overcome such an obstacle. This admittedly is not a 100% fix to be able to identify individual providers for PDTS purposes, but it is a big 1st step. The PDTS will be able to use SSN numbers for provider ID within the CHCS system. So, for midlevel providers, nothing will really change for now.
6. I notice that implementation of DEA numbers in DoD is scheduled by TRICARE regions. How does that affect me? The implementation schedule simply provides "gates" when DEA will process applications for particular regions. The schedule

prevents submission of a large number of applications to DEA at one time. If you miss your "gate" time, submit your application as soon as you can.

7. How do I apply for a DEA number? First, contact your local credentialing office. You will be given an extranet URL and passcode to access the DEA on-line application. Follow the prompts to complete, submit, and print the forms. You need to sign the hard copies of the application and "Statement of Understanding" and give them to your credentialing officer. They will then retrieve the electronic copy of the application from the TMA database to a disc and submit that with the signed hard copy of your application to the DEA. (The "Statement of Understanding") signed by you indicates that you understand this DEA number cannot be used for off-duty employment or the purchase of controlled substances.)
8. Why do I need to apply both on-line and by hard copy? Because the DEA needs an original signature on a hard copy application. The on-line application is designed to compress data from the applications onto a disc that can be easily downloaded and processed by the DEA. It is the key that allows the DEA to process the thousands of DoD applications in a cost effective and timely manner. It will also provide a database to prompt credentials officials that license and DEA expirations are coming due.
9. How do I renew my DEA number? Details of the renewal process have yet to be worked out. It is not a problem we will face for about 3 years. It may end up being an automatic renewal, but for now we anticipate that it will be similar to the application process on a 3-year schedule.
10. If I already have a DEA number for off-duty employment, do I also need the DoD fee-exempt number? Not necessarily. If you are confident that you will not be moving PCS before you separate from the military, or if you are willing to use the DEA number that you have paid for to meet your military duties until you move to another State, then you need not apply for another one. Understand that the DEA number that you have for off-duty employment is tied to the State license of the State that you are employed in. When you move to another State, the DEA number will not move with you. At that point a new application will be necessary.
11. What do I do if I PCS to a new assignment? Simply complete the change of address notification portion of the "Statement of Understanding" form. That form actually serves 3 functions. It has an area for PCS address change, and an area for return of the DEA number at the time of separation from the military. Your credentialing authority will help you with submitting this to the DEA.
12. Tell me more about the Statement of Understanding. Most military physicians will PCS more than once. A copy of the SOU will be kept by the Credentials Coordinator who processes the DEA application. The change of station Section of the copy will be signed by the physician upon PCSing, and the

Credentials Coordinator will mail the form to DEA notifying of the change of station. Since the SOU is generated by the initial application, how will the gaining Credentials Coordinator obtain another copy of the SOU for when the physician either PCSs from that MTF or separates from the military?

When the losing Credentials Coordinator (CC) completes "Change of Station" notification, the program will automatically move that file in the database to the gaining Credentials Coordinator.

13. Where do we send the signed hard copies and disk?

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14. After viewing and/or editing an individual application and you are the bottom of page 2 where it says, "Save this File to Disk." When you click on this and get the text file, is this where you save it to disk? Do you name the file the provider's name? Also, at the bottom of the text page it says, "If you are finished reviewing applicants, 'View and Save This File (in red)'. (To save, View the file by clicking above, then select 'File' from your Browser's Menu, and 'Save As')." If you click on this more than once, it will save the file again?

When you "Save this File to Disk" you are essentially moving the application from your inbasket to your outbasket. You can complete and review many applications each day and collect them in this area (the outbasket) before saving them as a group to disk (you don't need to "name" any files...just go with what pops into the window when you click on "Save As". If clicked more than once, the file will automatically overwrite the old one (so there should be no duplications on the disk). For now it is important to save the reviewed files (in the outbox)to disk at the end of the day, otherwise they will be in limbo in the TMA database and will be difficult to retrieve.

16. How do you get rid of duplicate entries or does it make any difference?

Duplicated (or applications in the database that don't belong to your group) can be deleted by going to the administrative URL (<http://xnet.tricare.osd.mil/deadmin>) and clicking on "click here to list all applicants or registrants". Click on the file you want to edit/delete and follow the prompts.

17. What do you do if upon receipt of the DEA number for the physician or dentist

And his/her name is spelled incorrectly.

Contact Sharon Davies at (202)307-7239 and ask for a corrected copy

Drug Enforcement Administration

The Drug Enforcement Administration (DEA) is the Federal law enforcement agency charged with the responsibility of combating drug diversion. The DEA was established July 1, 1973, by Presidential Reorganization Plan No. 2 of 1973. It resulted from the merger of the Bureau of Narcotics and Dangerous Drugs, the Office of Drug Abuse Law Enforcement, the Office of National Narcotic Intelligence, those elements of the Bureau of Customs that had drug investigative responsibilities, and those functions of the Office of Science and Technology which were drug enforcement related. The DEA was established to control narcotic and dangerous drug abuse more effectively through enforcement and prevention. In carrying out its mission, the DEA cooperates with other Federal agencies, foreign as well as State and local governments, private industry, and other organizations.

On October 27, 1970, Congress passed the Comprehensive Drug Abuse Prevention and Control Act, which replaced more than 50 pieces of drug legislation. Title II of the Act, known as the Controlled Substances Act (CSA), gave Congress the authority to regulate interstate commerce for drugs and became effective May 1, 1971. It collects and conforms most of these diverse laws into one piece of legislation. The law is designed to improve the administration and regulation of manufacturing, distribution, and the dispensing of controlled substances by providing a "closed" system for legitimate handlers of these drugs. Such a closed system is intended to help reduce the widespread diversion of these substances out of legitimate channels that find their way into the illicit market.

The CSA also established five schedules that classify controlled substances according to their potential for abuse. Drugs were placed in categories according to how dangerous they were, how great their potential for abuse, and whether they have any legitimate medical value.

SCHEDULES OF CONTROLLED SUBSTANCES

Examples of drug and drug products that come under the jurisdiction of the CSA are outlined below. A complete listing can be obtained from any office of the DEA.

Schedule I Substances

The substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marijuana, LSD, and mescaline.

Schedule II Substances

The substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant, and depressant drugs, including opium, morphine, codeine, cocaine, oxycodone (Percodan), meperidine (Demerol) and methamphetamine (Desoxyn).

Schedule III Substances

The substances in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain narcotic drugs and nonnarcotic drugs, such as benzphetamine; phenidmetrazine; paregoric; and any compound, mixture, preparation, or suppository dosage form containing amobarbital, secobarbital or pentobarbital.

Schedule IV Substances

The substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as phenobarbital, fenitramine, phentermine, diazepam (Valium), alprazolam (Xanax), triazolam (Halcion), lorazepam (Ativan), and midazolam (Versed).

Schedule V Substances

The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal, and analgesic purposes.

REGISTRATION

Every physician who administers, prescribes, or dispenses any controlled substance must be registered with the DEA.

- "Administer" means to instill a drug into the body of the patient.
- "Prescribe" means to issue a prescription order for the patient.
- "Dispense" means to deliver a controlled substance in some type of bottle, box, or other container to the patient.

A physician is required to register with the DEA in Washington, DC. The registration must be renewed every three years, and the certificate of registration must be maintained at the registered location and kept available for official inspection.

If a physician has more than one office where controlled substances are administered and/or dispensed, then each office must be registered. However, if a physician only administers and/or dispenses at the principal office and only writes prescription orders at the other office or offices, only the principal office need be registered, provided each office is within the same state. A physician who moves a place of practice must request a modification of registration, made in writing to the nearest DEA field office and approved prior to the effective date of the move.

The 1984 Diversion Control Amendments, a part of the Comprehensive Crime Control Act, give the Attorney General authority to deny an application for registration if he determines that the issuance of such registration would be inconsistent with the public interest. In determining public interest, the following



"OVER 725,000 MEDICAL PRACTITIONERS ARE REGISTERED WITH THE DEA TO PRESCRIBE, HANDLE, AND DISPENSE CONTROLLED SUBSTANCES."