



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

gainwell

---

# Delaware Medicaid Enterprise System

## National Council for Prescription Programs (NCPDP) D.0

### Reversal Payer Sheet

## Change History

Version #	Date	Modified By	Description
3.0	4/13/2021	Gainwell Technologies	Updated for Gainwell Technologies
2.0	6/29/2017	EDI Department	88Ø-K7 - Updated HPE to DXC
1.0	12/15/2016	Hewlett Packard Enterprise	Initial release for DMES

## Contents

Reversal .....	1
Batch Claim Header – ONLY ONE HEADER RECORD PER FILE.....	3
Batch Claim Detail.....	4
Batch Claim Trailer – ONLY ONE TRAILER RECORD PER FILE .....	4

# Reversal

If you do not receive confirmation that the reversal has been accepted, contact your software vendor or helpdesk. The Gainwell Pharmacy Team cannot reverse a claim.

Data elements not listed in the table below are not required by the Delaware Medical Assistance Program (DMAP).

Fields marked with an asterisk require special attention.

Field	Field Name	Definition of Field	Delaware Requirements
<b>Transaction Header Segment - Reversal</b>			
1Ø1-A1	Bin Number	Card Issuer ID or Bank ID Number used for network routing.	Required field: 610452
1Ø2-A2	Version/Release Number	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	Required field: D.0
1Ø3-A3	Transaction Code	Code identifying the type of transaction.	Required field: B2 = Reversal
*1Ø4-A4	Processor Control Number	Number assigned by the processor.	Part D = 'PARTD' if routed through TrOOP Facilitator Non Part D = 'PDE610452' MCO Encounter = 'ENCOUNTER'
1Ø9-A9	Transaction Count	Count of transactions in the transmission.	1 = One occurrence
2Ø2-B2	Service Provider ID Qualifier	Code qualifying the 'Service Provider ID' (2Ø1-B1).	Required field: Ø1=National Provider Identifier (NPI)
2Ø1-B1	Service Provider ID	ID assigned to a pharmacy or provider.	Required field: 10-digit assigned NPI
4Ø1-D1	Date of Service	Identifies date the prescription was filled or professional service rendered.	Required field: Format = CCYYMMDD
11Ø-AK	Software Vendor/Certification ID	ID assigned by the switch or processor to identify the software source.	Check with your vendor/clearinghouse.

**Insurance Segment - Reversal**

111-AM	Segment Identification	Identifies the segment in the request and/or response.	Required field: Ø4 = Insurance
302-C2	Card Holder ID	Identifies the member	Required: Enter the 10-digit numeric Recipient ID

**Claim Segment - Reversal**

111-AM	Segment Identification	Identifies the segment in the request and/or response.	Required field: Ø7 = Claim.
455-EM	Prescription/Service Reference Number Qualifier	Indicates the type of billing submitted.	Required field: 1 = Rx billing.
4Ø2-D2	Prescription/Service Reference Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	Required field: Enter the 12-digit numeric prescription number. The number must be identical to the initial claim.
436-E1	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (4Ø7-D7).	Required field: Ø3 = National Drug Code (NDC) Ø6 = Drug Use Review/Professional Pharmacy Service (DUR/PPS)
4Ø7-D7	Product/Service ID	ID of the product dispensed or service provided.	Required field when 436-E1 is an Ø3: When the Prescription/Service Reference Number Qualifier is a '1', enter the 11-digit national drug code for the drug dispensed. If the Product/Service Id Qualifier is an 'Ø6' or the compound code is a '2', this field should contain a '0'.
147-U7	Pharmacy Service Type	The type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy, or when benefits are based upon the type of service performed.	Required: Default to 99 if nothing entered. This is a 2-digit numeric field.

**DUR/PPS Segment - Reversal**

This segment is not required for a claim reversal.

**StypPricing Segment - Reversal**

This segment is not required for a claim reversal.

## Batch Claim Header – ONLY ONE HEADER RECORD PER FILE

\* Batch transactions are only accepted from MCO Partners without a special permission from DMMA.

FIELD	FIELD NAME	TYPE	LENGTH	START	END	VALUE
88Ø-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'Ø2'
7Ø1	Segment Identifier	A/N	2	2	3	ØØ = File Control (header)
88Ø-K6	Transmission Type	A/N	1	4	4	T = Transaction R = Response E = Error
88Ø-K1	Sender ID	A/N	24	5	28	This is the same as your Trading Partner ID.
8Ø6-5C	Batch Number	N	7	29	35	Assigned by Sender. Matches trailer. To be returned in Response or Error file from processor/switch.
88Ø-K2	Creation Date	N	8	36	43	Format = CCYMMDD
88Ø-K3	Creation Time	N	4	44	47	Format = HHMM
7Ø2	File Type	A/N	1	48	48	P = Production T = Test
1Ø2-A2	Version/Release Number	A/N	2	49	5Ø	Version/Release # of Header Data.

880-K7	Receiver ID	A/N	24	51	74	Enter the Gainwell ETIN = 345724166.
880-K4	Text Indicator	A/N	1	75	75	End of Text (ETX) = X'03'

## Batch Claim Detail

\* Batch transactions are applicable to encounters from the MCOs only. All other submissions require pre-approval from DMMA.

FIELD	FIELD NAME	TYPE	LENGTH	START	END	VALUE
880-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'02'
701	Segment Identifier	A/N	2	2	3	G1 = Detail Data Record
880-K5	Transaction Reference Number	A/N	10	4	13	To be determined by Provider.
	NCPDP Data Record		Varies	14	Varies	
880-K4	Text Indicator	A/N	1	Varies	Varies	End of Text(ETX) = X'03'

## Batch Claim Trailer – ONLY ONE TRAILER RECORD PER FILE

\* Batch transactions are applicable to encounters from the MCOs only. All other submissions require pre-approval from DMMA.

FIELD	FIELD NAME	TYPE	LENGTH	START	END	VALUE
880-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'02'
701	Segment Identifier	A/N	2	2	3	99 = File trailer

NCPDP D.0 Reversal Payer Sheet

806-5C	Batch Number	N	7	4	10	Assigned by Sender. Matches header.
751	Record Count	N	10	11	20	
504-F4	Message	A/N	35	21	55	
880-K4	Text Indicator	A/N	1	56	56	End of Text (ETX) = X'03'