

gainwell

Delaware Medicaid Enterprise System

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

Claim Billing or Encounter Payer Sheet

Change History

Version #	Date	Modified By	Description
9.0	11/04/2026	Gainwell Technologies	Removed 6Ø from the Valid Values for Field 393-MV. Removed Ø1 from the Valid Values for Field 492-WE. Removed ICD9 from Field 424-DO.
8.0	09/28/2026	Gainwell Technologies	Updated the requirements for field 352-NQ.
7.0	01/06/2026	Gainwell Technologies	Updated 472-6E code to address MCO Encounter claims.
6.0	12/01/2022	Amy Frazier	Updated 1Ø4-A4 values.
5.0	08/05/2021	EDI Department	Added new value of 3 – Non-binary to Patient Segment – Request 3Ø5-C5. Updated Valid Values to include Ø1 – 18 and Blank under COB/Other Payment Segment - Request for 351-NP. Added HC=High Cumulative Dose under DUR/PPS Segment – Request 439-E4. Added Valid Values 16 and 17 under Pricing Segment – Request 423-DN.
4.0	01/27/2021	EDI Department	Added new value of 15 to 423-DN - Basis Of Cost Determination. Updated DXC to Gainwell.
3.0	08/13/2020	EDI Department	Added new field 46Ø -ET to be effective 09/21/2020.
2.0	06/29/2017	EDI Department	88Ø-K7 - Updated HPE to DXC.
1.0	12/15/2016	Hewlett Packard Enterprise	Initial release for DMES.

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NCPDP D.0 Layouts – Request Segments

Data elements not listed in the table below are not required by the DMAP.

Field	Field Name	Definition of Field	Delaware Requirements
		Transaction Header Segment - Request	
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:** B1 = Billing
*1Ø4-A4	Processor Control Number	Number assigned by the processor.	Part D = 'PDMAPPARTD' Non Part D = 'PDE610452' MCO Encounter = 'ENCOUNTER'
1Ø9-A9	Transaction Count	Count of transactions in the transmission.	1 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 = CCYYMMD
11Ø-AK	Software Vendor/Certification ID	ID assigned by the switch or processor to identify the software source.	Check with your vendor/clearinghouse.
		Patient Segment - Request	
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field:** Ø1 = Patient.
3Ø7-C7	Place of Service	Code identifying the location of the patient when receiving pharmacy services.	**Required field:** Required.
3Ø4-C4	Date of Birth	Date of Birth of Patient.	**Required:** CCYY/MM/DD.
3Ø5-C5	Patient Gender	Code indicating the gender of the individual.	**Required:** Ø = Not specified 1 = Male 2 = Female 3 = Non-Binary

Field	Field Name	Definition of Field	Delaware Requirements
31Ø-CA	Patient First Name	Individual First Name.	**Required:** Enter the patient's first name – Alpha Only.
311-CB	Patient Last Name	Individual Last Name.	**Required:** Enter the patient's last name – Alpha Only.
335-2C	Pregnancy Indicator	Code indicating the patient as pregnant or non-pregnant.	**Optional field:** Blank = Not specified 1 = Not pregnant 2 = Pregnant
		Insurance Segment Request	
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field:** Ø4 = Insurance.
3Ø2-C2	Cardholder ID	Insurance ID assigned to the cardholder.	**Required field**: Enter the 10-digit DMAP client ID number.
312-CC	Cardholder First Name	Individual first name.	**Required field:** Enter the client's first name. Alpha only.
313-CD	Cardholder Last Name	Individual last name.	**Required field:** Enter the client's last name. Alpha only.
524-FO	Plan ID	Required to identify the actual plan ID	**Required field**: Enter DE_TXIX
		Claim Segment Request	
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.
436-E1	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (4Ø7-D7).	**Required field:** Ø3 = National Drug Code (NDC)
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.

Field	Field Name	Definition of Field	Delaware Requirements
442-E7	Quantity Dispensed	Quantity dispensed expressed in metric decimal units.	**Required field:** Enter the 10-digit metric decimal quantity of the drug dispensed in this field.
4Ø3-D3	Fill Number	The code indicating whether the prescription is an original or a refill.	**Required field:** Ø = Original dispensing 1 to 99 = Refill number
4Ø5-D5	Day's Supply	Estimated number of days the prescription will last.	**Required field:** Enter the estimated day's supply of the drug dispensed.
4Ø6-D6	Compound Code	Code indicating whether or not the prescription is a compound.	**Required field:** 1 = Not a compound 2 = Compound
4Ø8-D8	Dispense As Written (DAW)/Product Selection Code	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	**Required field:** Default to ØØ if nothing entered. Ø = No product selection indicated 1 = Substitution not allowed by prescriber 9 = Substitution allowed by prescriber but plan requests brand - Patient's plan requested brand product to be dispensed
414-DE	Date Prescription Written	Date the prescription was written.	**Required:** Enter the date the prescription was written. Format: CCYYMMDD.
415-DF	Number of Refills Authorized	Number of refills authorized by the prescriber.	**Required:** Enter the number of authorized refills. 0-99, 99 being as needed refills unlimited
419-DJ	Prescription Origin Code	Code indicating the origin of the prescription.	**Required field:** 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5= Pharmacy
354-NX	Submission Clarification Code Count	Count of the Submission Clarification Code occurrences.	**Required if Submission Clarification Code 42Ø-DK is used.** Maximum count is 1.

Field	Field Name	Definition of Field	Delaware Requirements
42Ø-DK	Submission Clarification Code	Code indicating that the pharmacist is clarifying the submission.	**Optional field:** 5=Therapy change. A code of 5 should be entered for a change in therapy with regard to the medication claims denying for therapeutic duplication. **Inappropriate use of this code may result in monies being recouped.**
46Ø-ET	Quantity Prescribed	Quantity dispensed expressed in metric decimal units.	**Required for all Schedule II Drugs.** Must be greater than 0.
3Ø8-C8	Other Coverage Code	Code indicating whether the patient has other insurance coverage.	**Required:** Ø1 = No other coverage Ø2 = Other coverage exists - payment collected Ø3 = Other coverage exists - claim not covered Ø4 = Other coverage exists - payment not collected **This field must be sent on all COB claims.**
429-DT	Special Packaging Indicator	Code Indicating the type of dispensing dose.	**Required:** Default to Ø if nothing entered. This is a 1-digit numeric field.
995-E2	Route of Administration	This is an override to the “default” route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.	**Required:** Default to Ø if nothing entered. This is an 11-digit alphanumeric field.
996-G1	Compound Type	A two-character value that indicates the type of compound.	**Required if specified in trading partner agreement**. Blank = Not specified Ø1 = Anti-infective Ø2 = Ionotropic Ø3 = Chemotherapy Ø4 = Pain management Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition Ø6 = Hydration Ø7 = Ophthalmic

Field	Field Name	Definition of Field	Delaware Requirements
			99 = Other—not defined by other available codes
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.
461-EU	Prior Authorization Code	Code clarifying the 'Prior Authorization Number Submitted' (462-EV) or benefit/plan exemption.	**Optional – values are 4 and 8.**
462-EV	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization.	**Optional:** Enter the 10-digit prior authorization number assigned.
Pharmacy Provider Segment - Request			
Data elements not listed in this segment are not required by the DMAP.			
Prescriber Segment - Request			
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field:** Ø3 = Prescriber.
427-DR	Prescriber Last Name	Prescriber Last Name.	**Required field:** Last name of prescriber.
364-2J	Prescriber First Name	Prescriber First Name.	**Required:** First name of the prescriber.
365-2K	Prescriber Street Address	Prescriber Street Address.	**Required:** Street address of the prescriber.
366-2M	Prescriber City Address	Prescriber City Address.	**Required:** City address of the prescriber.
367-2N	Prescriber State/Province Address	Prescriber State/Province Address.	**Required:** State/Province address of the prescriber.
368-2P	Prescriber Zip/Postal Zone	Prescriber Zip/Postal Zone.	**Required:** Zip/Postal Zone of the prescriber.
466-EZ	Prescriber ID Qualifier	Code qualifying the ‘Prescriber ID’ (411-DB).	**Required field:** Ø1=National Provider Identifier (NPI).
411-DB	Prescriber ID	ID assigned to the prescriber.	**Required field: 10-digit assigned NPI.**
COB/Other Payments Segment - Request			
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required for all COB claims:** Ø5 = Coordination of benefits/Other payments
337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences.	1 = 1 occurrence 2 = 2 occurrences

Field	Field Name	Definition of Field	Delaware Requirements
			3 = 3 occurrences Max occurrences = 9
338-5C	Other Payer Coverage Type	Code identifying the type of 'Other Payer ID' (34Ø-7C).	**Required:** Ø1 = Primary – First Ø2 = Secondary – Second Ø3 = Tertiary – Third Ø4 = Quaternary – Fourth Ø5 = Quinary – Fifth Ø6 = Senary – Sixth Ø7 = Septenary - Seventh Ø8 = Octonary – Eighth Ø9 = Nonary – Ninth Encounters Ø1 is expected.
*339-6C	Other Payer ID Qualifier	Code qualifying the 'Other Payer ID' (34Ø-7C).	**Required for all COB claims:** Must be '99' when Payer is Part D PDP or MCO Encounter. Any valid NCPDP value if non-Part D PDP.
*34Ø-7C	Other Payer ID	ID assigned to the payer.	**Required for all COB claims:** Must be 'PARTD' when Payer is Part D PDP. Value of payer ID when non-Part D PDP. MCO Encounter must be 9 characters assigned number.
443-E8	Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	**Required field:** Format = CCYYMMDD.
341-HB	Other Payer Amount Paid Count	Count of the payer amount paid occurrences.	**Required for all COB claims:** Max occurrences = 9.
342-HC	Other Payer Amount Paid Qualifier	Code qualifying the 'Other Payer Amount Paid' (431-DV).	**Required field if there is a COB payment:** Ø7=Drug Benefit.
431-DV	Other Payer Amount Paid	Amount of any payment known by the pharmacy from other sources (including coupons).	**Required field if there is a COB payment:** Enter the total payment amount related to the occurrence for this payer. Length of eight.
471-5E	Other Payer Reject Count	Count of 'Other Payer Reject Code' (472-6E) occurrences.	Max occurrences = 5.

Field	Field Name	Definition of Field	Delaware Requirements
472-6E	Other Payer Reject Code	The error encountered by the previous "Other Payer" in 'Reject Code' (511-FB).	**Required for all COB claims when a denial was received from the other insurance.** Must be present when Part D PDP rejected claim. For MCO encounter claims, enter value of XP for all denied claims.
353-NR	Other Payer Patient Responsibility Amount Count	Count of "Other Payer-Patient Responsibility Amount" (352-NQ) and "Other Payer-Patient Responsibility Amount Qualifier" (351-NP) occurrences.	**Required if other payer patient responsibility amount qualifier is used.** Maximum count of 3.
351-NP	Other Payer Patient Responsibility Amount Qualifier	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)".	**Required when the amount field is used.** Valid Values: Ø1 – 18 and Blank.
352-NQ	Other Payer Patient Responsibility Amount	The patient's cost share from a previous payer.	**Required if patient financial responsibility is reported by the other insurance.**
392-MU	Benefit Stage Count	Count of 'Benefit Stage Amount' (394-MW) occurrences.	**Required** if Benefit Stage Amount is used. Valid Values : 1,2, or 3
393-MV	Benefit Stage Qualifier	Code qualifying the 'Benefit Stage Amount' (394-MW).	**Required** if Benefit Stage Amount is used. Valid Values: Ø1, Ø2, Ø3, Ø4, 5Ø, 7Ø, and 8Ø.
394-MW	Benefit Stage Amount	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).	**Required** if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages.
Workers Compensation Segment – Request			
Data elements not listed in this segment are not required by the DMAP.			
DUR/PPS Segment - Request			
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field if there is a DUR alert:** Ø8 = DUR/PPS.
473-7E	DUR/PPS Code Counter	Counter number for each DUR/PPS set/logical grouping.	Max occurrences = 9.

Field	Field Name	Definition of Field	Delaware Requirements
439-E4	Reason for Service Code	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	**Required field if there is a DUR alert:** DC = Drug Disease (inferred) DD = Drug-Drug Interaction ER = Overuse HD = High Dose LD = Low Dose LR = Underuse MC = Drug-Disease (Reported) PA = Drug-Age PG = Drug-Pregnancy TD = Therapeutic ID = Ingredient Duplication HC = High Cumulative Dose
44Ø-E5	Professional Service Code	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	**Required field if there is a DUR alert**.
441-E6	Result of Service Code	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	**Required field if there is a DUR alert**.
474-8E	DUR/PPS Level of Effort	Level of Effort on a DUR alert.	**Required field if there is a DUR alert**.
		Pricing Segment - Request	
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field:** 11= Pricing
412-DC	Dispensing Fee	***Imp Guide:*** Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Zero (Ø) is a valid value. ***Payer Requirement:*** Same as Implementation Guide.	
426-DQ	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	**Required field when the Prescription/Service Reference Number Qualifier is a '1' in the claim segment:** Format = $$$$$$cc.
43Ø-DU	Gross Amount Due	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax	**Required field:** Format = $$$$$$cc.

Field	Field Name	Definition of Field	Delaware Requirements
		Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (48Ø-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (48Ø-H9).	
4Ø9-D9	Ingredient Cost Submitted	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU).	**Required.**
423-DN	Basis Of Cost Determination	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	**Required**: Valid Values: ØØ, Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, Ø8, Ø9, 1Ø, 11, 12, 15, 16, 17
433-DX	Patient Paid Amount Submitted	Amount pharmacy received from the patient for the prescription dispensed.	**Required when pharmacy received payment from client for this prescription.** Default to Ø if nothing entered.
Coupon Segment - Request			
Data elements not listed in this segment are not required by the DMAP.			
Compound Segment - Request			
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field when the claim is a compound:** 1Ø = Compound
45Ø-EF	Compound Dosage Form Description Code	Dosage form of the complete compound mixture.	**Required field when the claim is a compound.**
451-EG	Compound Dispensing Unit Form Indicator	NCPDP standard product billing codes.	**Required field when the claim is a compound:** Enter the appropriate indicator which represents the total compound metric decimal quantity.
447-EC	Compound Ingredient Compound Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	**Required field when the claim is a compound:** A count of 1 to 25 allowed for interactive submission. A count of 1 to 25 allowed for batch submission.

Field	Field Name	Definition of Field	Delaware Requirements
488-RE	Compound Product ID Qualifier	Code qualifying the type of product dispensed.	**Required field when the claim is a compound:** Ø3 = National Drug Code. One to 25 occurrences allowed.
489-TE	Compound Product ID	Product identification of an ingredient used in a compound.	**Required field when the claim is a compound:** Enter the 11-digit NDC number. One to 25 occurrences allowed.
448-ED	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound mixture.	**Required field when the claim is a compound:** Enter the metric decimal quantity of the drug dispensed. Field length of 10. One to 25 occurrences allowed.
449-EE	Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	**Required field when the claim is a compound:** Enter the ingredient cost. One to 25 occurrences allowed.
		Clinical Segment - Request	
111-AM	Segment Identification	Identifies the segment in the request and/or response.	**Required field when the segment is used:** 13 = Clinical
491-VE	Diagnosis Code Count	Count of diagnosis occurrences.	5 occurrences allowed.
492-WE	Diagnosis Code Qualifier	Code qualifying the 'Diagnosis Code' (Field 424-DO).	**Required Field when the 'Diagnosis Code' field is used:** Valid Values: Ø2.
424-DO	Diagnosis Code	Code identifying the diagnosis of the patient.	**Required when diagnosis code is on prescription:** If a prescriber has provided an ICD-10 code on a prescription, that code must be entered while entering the prescription information. ICD-10 Codes for co-payment exemption: **Z331**—client is pregnant, can be by declaration. **Z131—**for use on claim for glucose monitor only. **Z379**—post-partum for 90 days after delivery. **Z596**--when DMMA coverage policy requires two strengths of one medication be used

Field	Field Name	Definition of Field	Delaware Requirements
			instead of multiple smaller doses.

Batch Claim Header – ONLY ONE HEADER 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
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 = CCYYMMDD
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.
88Ø-K7	Receiver ID	A/N	24	51	74	Enter the Gainwell ETIN = 345724166
88Ø-K4	Text Indicator	A/N	1	75	75	End of Text (ETX) = X'Ø3'

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
88Ø-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'Ø2'
7Ø1	Segment Identifier	A/N	2	2	3	G1 = Detail Data Record
88Ø-K5	Transaction Reference Number	A/N	1Ø	4	13	To be determined by Provider.
	NCPDP Data Record		Varies	14	Varies	
88Ø-K4	Text Indicator	A/N	1	Varies	Varies	End of Text(ETX) = X'Ø3'

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
88Ø-K4	Text Indicator	A/N	1	1	1	Start of Text (STX) = X'Ø2'
7Ø1	Segment Identifier	A/N	2	2	3	99 = File trailer
8Ø6-5C	Batch Number	N	7	4	1Ø	Assigned by Sender. Matches header.
751	Record Count	N	1Ø	11	2Ø	
5Ø4-F4	Message	A/N	35	21	55	
88Ø-K4	Text Indicator	A/N	1	56	56	End of Text (ETX) = X'Ø3'