ELECTRONIC BILLING SERVICES – BIN 610160
Payer Sheet

Payer Name: **Electronic Billing Services, Inc.**	Date**: 10/1/2022**
Plan Name/Group Name:	
Processor:	Switch: **RelayHealth**
Effective as of: **10/01/2022**	Version: **D.0**
Certification Testing Window:	
Provider Relations Help Desk Info: **Electronic Billing Services, Inc.** **(573) 472-3613** **IT Software & Services** **Universal Software Solutions** **(810) 653-5000** **www.universalss.com**	
Other Versions Supported:	
BIN: **610160** Carrier Group:	PCN: **List provided by Electronic Billing Services (EBS)**

"**M**" fields are 'Mandatory' for the Segment in the designated Transaction.
"**O**" fields are 'Optional'- conditional based on data content- but may be made Mandatory by the Payer.
"**R**" fields are 'Required' for the Segment in the designated Transaction.
"**RW**" fields are 'Required When'. The situations designated have qualifications for usage.

CLAIM BILLING TRANSACTION

Transaction Header Segment (Mandatory)

Field#	NCPDP Field Name	Submit	Value	Comments
101-A1	BIN Number	M	610160	EBS's Bin Number
102-A2	Version/Release Number	M	D0	
103-A3	Transaction Code	M	B1 = Claim Billing	
104-A4	Processor Control Number	M		Contains the EBS specific PCN for the payer that is being billed. This list of possible codes are provided by EBS and should be used. All other values will result in an exception.
109-A9	Transaction Count	M	1-4	
202-B2	Service Provider ID Qualifier	M	01 = NPI	

201-B1	Service Provider ID	M	10-digit NPI	
401-D1	Date Of Service	M		
110-AK	Software Vendor/Certification ID	M	Blank Fill	

Insurance Segment (Mandatory)

Field#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	M	04	
302-C2	Cardholder ID	M		
312-CC	Cardholder First Name	M		
313-CD	Cardholder Last Name	M		
306-C6	Patient Relationship Code	M		
314-CE	Home Plan	O		
524-F0	Plan ID	O		
301-C1	Group ID	O		
303-C3	Person Code	O	99 = Secondary Insurance	

Patient Segment (Mandatory)

Field#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	M	01	
310-CA	Patient First Name	M		
311-CB	Patient Last Name	M		
332-CY	Patient ID	M		
322-CM	Patient Street Address	M		
323-CN	Patient City Address	M		
324-CO	Patient State/Province Address	M		
325-CP	Patient Postal Code	M		
305-C5	Patient Gender Code	M	1 = Male 2 = Female	
304-C4	Patient Date of Birth	M		
331-CX	Patient ID Qualifier	O		
326-CQ	Patient Phone Number	O		
397-C7	Place of Service	O	Examples: 12=Home 14=Group Hm 60=Immunize center.	Uses the standard CMS coding of 2 characters. https://www.cms.gov/medicare/coding/place-of-service-codes

Claim Segment (Mandatory)

Field#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	M	07	
455-EM	Rx/Service Reference Number Qualifier	M	1 = Billing	
402-D2	Rx/Service Reference Number	M		
436-E1	Product/Service ID Qualifier	M	03 = NDC 09 = HCPCS or CPT	
407-D7	Product/Service ID	M		11-digit NDC HCPCS or CPT code
442-E7	Quantity Dispensed	M		
414-DE	Date Prescription Written	M		
456-EN	Associated Prescription/Service Reference Number	O		
457-EP	Associated Prescription/Service Date	O		
458-SE	Procedure Modifier Code Count	O		
459-ER	Procedure Modifier Code	O		Submit the RR modifier for any Rental.
403-D3	Fill Number	O		
405-D5	Days Supply	O		
415-DF	Number of Refills Authorized	O		
354-NX	Submission Clarification Code Count	RW	Maximum count of 3	Submission clarification code (420-DK) is used.

420-DK	Submission Clarification Code	RW	For vaccinations
			  02 = First Injection
			  06 = Subsequent Injection
			  07 = 3rd Dose injection.
			  10 = 4th Dose Injection
				Values submitted must be greater than zero.

419-DJ	Prescription Origin Code	O		
461-EU	Prior authorization type code	O		
462-EV	Prior authorization number submitted	O		
391-MT	Patient Assignment Indicator (Direct Member Reimbursement Indicator)	O	Y = Patient Assigns Benefits N = Patient does not assign benefits. If not sent, it will assume "Y"	Required when the claim adjudicator dose not assume the patient assigned his/her benefits to the provider.

Pricing Segment (Mandatory)

FIELD#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	M	11	
430-DU	Gross Amount Due	M		
477-BE	Professional service fee submitted	O		
433-DX	Patient paid amount submitted	O		
481-HA	Flat sales tax amount submitted	O		
482-GE	Percentage sales tax amount submitted	O		
483-HE	Percentage sales tax rate submitted	O		
484-JE	Percentage sales tax basis submitted	O		
426-DQ	Usual and customary charge	O		

Pharmacy Provider Segment (Mandatory)

FIELD#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	M	02	
465-EY	Provider ID Qualifier	M	05	
444-E9	Provider ID	M		

Prescriber Segment (Mandatory)

FIELD#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	M	03	
466-EZ	Prescriber ID Qualifier	M	01 = NPI	
411-DB	Prescriber ID	M	NPI	
427-DR	Prescriber Last Name	M		
498-PM	Prescriber Phone Number	M		
467-1E	Prescriber location code	O		
468-2E	Primary care provider ID qualifier	O		
421-DL	Primary care provider ID	O		
469-H5	Primary care provider location code	O		
470-4E	Primary care provider last name	O		

Clinical Segment (Optional)

FIELD#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	RW	13	
491-VE	Diagnosis Code Count	RW	Max count of 4	Required if Diagnosis Code Qualifier is used.
492-WE	Diagnosis Code Qualifier	RW		Required if Diagnosis Code is provided.
424-DO	Diagnosis Code	RW		

Narrative Segment (Optional)

FIELD#	NCPDP Field Name	Submit	Value	Comments
111-AM	Segment ID	RW	16	
390-BM	Narrative Message	O	Max size 200.	Free format comment.

Additional Comments

All Provider NPIs must be registered and configured with Electronic Billing Services (EBS) before they can successfully transmit NCPDP claims using this BIN.

If the NCPDP transmission is accepted, a "paid" response will be provided in all cases.

Any problems with information provided will be "rejected"

End of document