

**FINAL REVISED OREGON MEDICAL DATA ELEMENT REQUIREMENT TABLE**

**Bill Submission Reason Codes**

		<b>Original</b>	<b>Cancellation</b>	<b>Replace</b>	
<b>DN</b>	<b>Data Element Name</b>	<b>00</b>	<b>01</b>	<b>05</b>	<b>Mandatory Trigger or Implementation Note</b>
719	ADA Procedure Billed Code	C	C	C	Required for dental bills only (SV3 segment)
722	ADA Procedure Paid Code	C	C	C	Required for dental bills only (SV3 segment)
513	Admission Date	C	C	C	If DN 504 Facility Code = 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89.
535	Admitting Diagnosis Code	C	C	C	If DN 504 Facility Code = 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89.
564	Basis of Cost Determination Code	C	C	C	Required for pharmacy bills.
545	Bill Adjustment Amount	C	C	C	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill
543	Bill Adjustment Group Code	C	C	C	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill
544	Bill Adjustment Reason Code	C	C	C	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill
546	Bill Adjustment Units	C	C	C	If DN580 Days/Units Paid is different than DN554 Days/Units Billed.
508	Bill Submission Reason Code	M	M	M	
503	Billing Format Code	M	M	M	
629	Billing Provider FEIN	M	M	M	
528	Billing Provider Last/Group Name	M	M	M	
537	Billing Provider Primary Specialty Code	O	O	O	
630	Billing Provider State License Number	C	C	C	If DN634 Billing Provider National Provider ID is blank, report DN630 State License Number. Use "99999" if provider type not licensed by the state.
523	Billing Provider Unique Bill Identification Number	M	M	M	If not available, use default of all 9s.
634	Billing Provider National Provider ID	C	C	C	Must be reported if billing provider has an NPI.
502	Billing Type Code	C	C	C	If DN 502 = "RX" "DM" or "MO", then SV4 or SV5 must be present. Office bills for pharmaceuticals (drugs dispensed by provider) must be reported in SV1; all other pharmacy must be reported in SV4.
015	Claim Administrator Claim Number	M	M	M	
187	Claim Administrator FEIN	C	C	C	If different than DN6 Insurer FEIN
188	Claim Administrator Name	C	C	C	If different than DN7 Insurer name
515	Contract Type Code	C	C	C	Required when a DRG code is reported.
512	Date Insurer Paid Bill	M	M	M	
511	Date Insurer Received Bill	M	M	M	
31	Date of Injury	M	M	M	
554	Days/Units Billed	C	C	C	If DN559 Revenue Billed Code is present. Required when SV1, SV2 and SV5 segments are used.

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DN	Data Element Name	00	01	05	Mandatory Trigger or Implementation Note
553	Days/Units Code	C	C	C	If DN554 Days/Units Billed is present. Required when SV1, SV2 and SV5 segments are used.
557	Diagnosis Pointer	C	C	C	If DN503 Billing Format Code equals "B" and DN 715 Jur. Proc. Billed Code or DN 714 HCPCS Line Proc. Billed Code is present or a drug is dispensed by a physician during an office visit.
514	Discharge Date	C	C	C	If DN503 Billing Format Code equals "A" and patient has been discharged
562	Dispense As Written Code	C	C	C	Required for pharmacy bills (when SV4 segment is present.)
567	DME Billing Frequency Code	C	C	C	If DN502 Billing Type Code = DM and DN565 Total Chg. per Line - Rental is present. Use the SV5 segment for DME rental and purchase services billed.
518	DRG Code	O	O	O	
563	Drug Name	O	O	O	
572	Drugs/Supplies Billed Amount	C	C	C	If DN502 Billing Type Code, value is "RX" or "MO". DN572 is required in the SV4/AMT segment.
579	Drugs/Supplies Dispensing Fee	C	C	C	Required for pharmacy bills.
571	Drugs/Supplies Number of Days	C	C	C	If DN502 Billing Type Code, value is "RX" or "MO".
570	Drugs/Supplies Quantity Dispensed	C	C	C	If DN502 Billing Type Code, value is "RX" or "MO".
152	Employee Employment Visa	C	C	C	If DN42 Employee Social Security number or DN 153 Employee Green Card number is not available.
44	Employee First Name	M	M	M	
153	Employee Green Card	C	C	C	If DN42 Employee Social Security number is not available.
154	Employee ID Assigned by Jurisdiction	C	C	C	If DN42 Employee Social Security, DN 153 Employee Green Card, DN 152 Employee Employment Visa or DN 156 Employee Passport Number not available.
43	Employee Last Name	M	M	M	
156	Employee Passport Number	C	C	C	If DN42 Employee Social Security, DN 153 Employee Green Card, or DN152 Employee Employment Visa not available.
42	Employee Social Security Number	C	C	C	DN 42 Employee SSN is preferred ID number. If none, see DN 153 Employee Green Card. If injured worker is not a United States citizen and has no other identification, use "999999999".
18	Employer Name	M	M	M	
504	Facility Code	C	C	C	If DN503 Billing Format Code = "A"
678	Facility Name	C	C	C	If service performed in a licensed facility
682	Facility National Provider ID	C	C	C	If service performed in a licensed facility

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DN	Data Element Name	Original 00	Cancellation 01	Replace 05	Mandatory Trigger or Implementation Note
737	HCPCS Bill Procedure Code	C	C	C	If DN503 = "A" and if DN626 HCPCS Prin. Proc. Billed Code is present and more than one procedure is performed
714	HCPCS Line Procedure Billed Code	C	C	C	If DN502 Billing Type Code does not equal RX, DM or MO, and if DN715 Jur. Proc. Billed Code or DN721 NDC Billed Code is not present
726	HCPCS Line Procedure Paid Code	C	C	C	If different than DN714 HCPCS Line Proc. Billed Code
717	HCPCS Modifier Billed Code	O	O	O	If present, must be a valid code.
727	HCPCS Modifier Paid Code	C	C	C	If different than DN 717 HCPCS Modifier Billed Code
626	HCPCS Principal Procedure Billed Code	O	O	O	Must be reported if included on provider's bill.
736	ICD-9 CM Procedure Code	C	C	C	If DN503 = "A" and if DN525 ICD-9 CM Prin. Proc. Code is present and more than one procedure is performed
522	ICD-9 CM Diagnosis Code	C	C	C	If DN521 Prin. Diag. Code is present and more than one diagnosis occurs or if DN503 Billing Format Code = B and DN714 HCPCS Line Proc. Billed Code or DN715 Jur. Proc. Billed Code or a drug is dispensed by a physician during an office visit.
525	ICD-9 CM Principal Procedure Code	O	O	O	Must be reported if included on provider's bill.
6	Insurer FEIN	M	M	M	
7	Insurer Name	M	M	M	
5	Jurisdictional Claim Number	C	C	C	If the first report of injury has been filed and a jurisdictional claim number has been returned to the insurer.
718	Jurisdictional Modifier Billed Code	O	O	O	N/A; Oregon has no jurisdictional modifiers
730	Jurisdictional Modifier Paid Code	O	O	O	N/A; Oregon has no jurisdictional modifiers
715	Jurisdictional Procedure Billed Code	C	C	C	If the procedure is included as an Oregon-specific code in the Oregon Medical Fee Schedule
729	Jurisdictional Procedure Paid Code	C	C	C	If different than DN715 Jur. Proc. Billed Code
547	Line Number	M	M	M	Required in Loop 2400/LX segment.
208	Managed Care Organization Identification Number	C	C	C	If worker enrolled at time of service.
721	NDC Billed Code	C	C	C	If a pharmaceutical bill or a drug is dispensed by a physician during an office visit. For compound drugs, use "99999."
728	NDC Paid Code	C	C	C	If different than DN721 NDC Billed Code. For compound drugs, use "99999."
555	Place of Service Bill Code	C	C	C	If DN503 Billing Format Code equals "B"

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DN	Data Element Name	00	01	05	Mandatory Trigger or Implementation Note
600	Place of Service Line Code	C	C	C	If DN 503 Billing Format Code equals "B" and if different than DN555 Place of Svc. Billed Code and not a pharmacy bill
527	Prescription Bill Date	O	O	O	
604	Prescription Line Date	C	C	C	Required if SV4 is present.
561	Prescription Line Number	C	C	C	Required if SV4 is present.
521	Principal Diagnosis Code	C	C	C	If DN503 Billing Format Code equals "A"
550	Principal Procedure Date	C	C	C	Required if DN626 HCPCS Principal Procedure Code or DN525 ICD-9 CM Principal Procedure Code are present.
524	Procedure Date	C	C	C	Required if DN736 ICD-9 CM Principal Procedure Code or DN737 HCPCS Bill Procedure Code are present.
507	Provider Agreement Code	C	C	C	Enter the value "P" if the injured worker is enrolled in a Managed Care Organization at time of service
642	Rendering Bill Provider FEIN	O	O	O	
639	Rendering Bill Provider First Name	M	M	M	
638	Rendering Bill Provider Last/Group Name	M	M	M	
647	Rendering Bill Provider National Provider ID	O	O	O	If provider has reported an NPI to the payer, it should be reported to the jurisdiction.
651	Rendering Bill Provider Primary Specialty Code	O	O	O	
643	Rendering Bill Provider State License Number	O	O	O	If DN 647 Rendering Bill Provider National Provider ID is blank, DN643 Rendering Bill Provider State License Number should be reported. If provider type not licensed by the state, use "99999."
586	Rendering Line Provider FEIN	O	O	O	
592	Rendering Line Provider National ID	C	C	C	If provider has an NPI, it must be reported.
595	Rendering Line Provider Primary Specialty Code	O	O	O	
599	Rendering Line Provider State License Number	C	C	C	If DN592 Rendering Line Provider National ID is blank, DN599 State License Number must be present. If provider type not licensed by the state, use "99999."
615	Reporting Period	M	M	M	
559	Revenue Billed Code	C	C	C	If a value for DN504 Facility Code with 1st digit equal to 1
576	Revenue Paid Code	C	C	C	If different than DN559 Rev. Billed Code
733	Service Adjustment Amount	C	C	C	Required if DN552 Total Charge per Line is different than DN574 Total Amount Paid per Line.
731	Service Adjustment Group Code	C	C	C	Required if DN552 Total Charge per Line is different than DN574 Total Amount Paid per Line.
732	Service Adjustment Reason Code	C	C	C	Required if DN552 Total Charge per Line is different than DN574 Total Amount Paid per Line.

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509	Service Bill Date(s) Range	C	C	C	If different than DN605 Svc. Lines Date Range
605	Service Line Date(s) Range	C	C	C	Required for all bill types except pharmacy. DN604 is used specifically for pharmacy.
516	Total Amount Paid Per Bill	C	C	C	If different than DN501 Total Chg. per Bill
574	Total Amount Paid Per Line	C	C	C	If not equal to DN552 Total Charge per Line.
501	Total Charge Per Bill	C	C	C	Required for professional and institutional services lines only (SV1, SV2, SV3)
552	Total Charge Per Line	M	M	M	
566	Total Charge Per Line – Purchase	C	C	C	If Durable Medical Equipment is purchased
565	Total Charge Per Line – Rental	C	C	C	If Durable Medical Equipment is rented
266	Transaction Tracking Number	M	M	M	
500	Unique Bill ID Number	M	M	M	Canc. & Replace. transactions must match prev. submitted original DN500 Unique Bill ID No.
<p><b>Shading indicates changes from latest draft. This document will be finalized as Appendix B of the Division 160 Rules to be filed with the Oregon Secretary of State in June. Although we believe these requirements will not be changed substantially, there may be minor revisions before filing.</b></p>					<p><b>Note: Data requirements have been made consistent across all transaction types (i.e. a mandatory, conditional, or optional element for one BSR is mandatory, conditional, or optional for all BSRs).</b></p>