

Oregon Data Elements by Source

EDI Medical Bill Reporting

Legend:
No. = the box or field on paper form for data element
X = payer or HCP submits the indicated data element
Notes = additional information about the data element

Denotes changes for Release 2.0

DN	Data Element Name	CMS 1500 No.	UB-04 No.	NCPDP No.	ADA No.	Payer	Health Care Provider	Notes
0513	Admission Date		12				X	
0535	Admitting Diagnosis Code		69				X	
0545	Bill Adjustment Amount					X		
0543	Bill Adjustment Group Code					X		
0544	Bill Adjustment Reason Code					X		
0546	Bill Adjustment Units					X		
0508	Bill Submission Reason Code					X		
0503	Billing Format Code					X		
0629	Billing Provider FEIN	25	5	49 & 50	51		X	NCPDP note: On the WC/PC UCF the billing entity is the "payee"; only one ID per payee allowed. Field 50 Identifies the type of ID reported in Field 49.
0528	Billing Provider Last/Group Name	33	1	51	48		X	
0634	Billing Provider National Provider ID	33a	56	49 & 50	49		X	NCPDP note: On the WC/PC UCF the billing entity is the "payee"; only one ID per payee allowed. Field 50 Identifies the type of ID reported in Field 49.
0537	Billing Provider Primary Specialty Code (taxonomy)	33b	81				X	
0630	Billing Provider State License Number	33b		49 & 50	50		X	NCPDP note: On the WC/PC UCF the billing entity is the "payee"; only one ID per payee allowed. Field 50 Identifies the type of ID reported in Field 49.
0523	Billing Provider Unique Bill Identification Number		64a			X		NCPDP note: WC/PC UCF does not support this data element.
0502	Billing Type Code					X		For Oregon, not used in Release 2.0; repurposed for aggregate billing only (for CA lien bill).

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0015	Claim Administrator Claim Number	11b	62a	17		X		
0187	Claim Administrator FEIN					X		
0188	Claim Administrator Name					X		NCPDP note: WC/PC UCF has fields for employer (DN0023) and insurer (DN0007), not claim administrator.
0762	Compound Drug Indicator							NCPDP note: No equivalent on WC/PC UCF for mapping (though section designated for compound billing).
0512	Date Insurer Paid Bill					X		
0511	Date Insurer Received Bill					X		
0031	Date of Injury	14	31a-b	11	46		X	
0554	Day(s)/Unit(s) Billed	24g	46				X	NCPDP note: For pharmacy, DN0570 Drugs/Supplies Quantity Dispensed and DN0571 Drugs/Supplies Number of Days would be used in lieu of DN0554.
0553	Day(s)/Unit(s) Code					X		NCPDP note: See explanation above for DN0554.
0557	Diagnosis Pointer	24e					X	
0514	Discharge Date		6				X	If there is a discharge hour on the bill, then the discharge date should be the "through" date from service date range (DN0509) located in FL 6. If there is no discharge hour, there shouldn't be a discharge date.
0562	Dispense As Written Code			73			X	
0572	Drugs/Supplies Billed Amount			102 (or 98)			X	NCPDP note: Field 102 is the ingredient cost for a single drug or the sum of the costs of all ingredients in a compounded drug as reported in Field 98. Use Field 98 to reflect the cost of each single ingredient by line (1-7) in a compounded drug.
0579	Drugs/Supplies Dispensing Fee			103			X	
0571	Drugs/Supplies Number of Days			72			X	
0570	Drugs/Supplies Quantity Dispensed			71			X	

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0152	Employee Employment Visa	1a	60a	12 & 13			X	NCPDP note: On WC/PC UCF only one ID per injured worker/patient is allowed. Field 13 Identifies the type of ID reported in Field 12.
0044	Employee First Name	2	8a-b	4	20		X	
0153	Employee Green Card	1a	60a	12 & 13	15		X	NCPDP note: On WC/PC UCF only one ID per injured worker/patient is allowed. Field 13 Identifies the type of ID reported in Field 12.
0154	Employee ID Assigned by Jurisdiction	1a	60a	12 & 13			X	NCPDP note: On WC/PC UCF only one ID per injured worker/patient is allowed. Field 13 Identifies the type of ID reported in Field 12.
0043	Employee Last Name	2	8a-b	3	20		X	
0156	Employee Passport Number	1a	60a	12 & 13	15		X	NCPDP note: On WC/PC UCF only one ID per injured worker/patient is allowed. Field 13 Identifies the type of ID reported in Field 12.
0042	Employee SSN	1a	60a	12 & 13	15		X	NCPDP note: On WC/PC UCF only one ID per injured worker/patient is allowed. Field 13 Identifies the type of ID reported in Field 12.
0018	Employer Name	4	65a	23	17		X	
0504	Facility Code		4				X	
0678	Facility Name	32	1				X	NCPDP note: See rendering bill provider (pharmacy) name.
0682	Facility National Provider ID	32a	56				X	NCPDP note: See rendering bill provider (pharmacy) ID.
0714	HCPCS Line Procedure Billed Code	24d	44		29		X	
0726	HCPCS Line Procedure Paid Code					X		
0717	HCPCS Modifier Billed Code	24d	44				X	
0727	HCPCS Modifier Paid Code					X		
0736	Other Procedure Code		74 a-e				X	
0522	Diagnosis Code	21 1-4	67a-q				X	
0525	Principal Procedure Code		74				X	
0006	Insurer FEIN					X		
0007	Insurer Name	11c	50	18	3		X	

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0005	Jurisdiction Claim Number							Oregon does not require that the Jurisdiction Claim Number be reported for any medical bill.
0718	Jurisdiction Modifier Billed Code	24d					X	
0730	Jurisdiction Modifier Paid Code					X		
0715	Jurisdiction Procedure Billed Code						X	
0729	Jurisdiction Procedure Paid Code					X		
0547	Line Number					X		
0208	Managed Care Organization Identification Number					X		
0721	NDC Billed Code	24d		69 (or 95)			X	NCPDP note: Field 69 is used for the NDC of a single drug. Field 95 is used for the NDC of each single ingredient by line (1-7) in a multi-ingredient compound.
0728	NDC Paid Code					X		
0555	Place of Service Bill Code						X	
0600	Place of Service Line Code	24b			38		X	POS Line Code DN0600 is only for the CMS 1500 and ADA. Since there can only be one location/facility for the services rendered on a hospital bill, the UB-04 would not have a POS Line Code. The Facility Code DN0504 (first 2 digits) will provide the type of facility where services were performed for the hospital bill (UB-04).
0527	Prescription Date(s) Range			65			X	NCPDP note: Equates to Field 65 - Date Prescription Written. This DN's name changed from "Prescription Date" to "Prescription Date(s) Ranges" in Release 2.0.
0604	Prescription Line Date			65			X	NCPDP note: On WC/PC UCF only one prescription date per bill permitted.
0561	Prescription Line Number			62			X	NCPDP note: This is the Prescription/Service Reference Number.
0521	Principal Diagnosis Code		67				X	See DN0522 ICD-9 DX code for CMS 1500 (box 21, lines 1-4).

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0550	Principal Procedure Date		74				X	
0524	Procedure Date	24a	45	66	24		X	NCPDP note: The date the prescription filled or a professional service rendered.
0507	Provider Agreement Code					X		
0690	Referring Provider Last/Group Name			42			X	
0691	Referring Provider First Name			43			X	
0695	Referring Provider State License Number			40			X	NCPDP note: On WC/PC UCF only one ID per referring provider (prescriber) is allowed. Field 41 Identifies the type of ID reported in Field 40.
0699	Referring Provider National Provider ID			40			X	NCPDP note: On WC/PC UCF only one ID per referring provider (prescriber) is allowed. Field 41 Identifies the type of ID reported in Field 40.
0638	Rendering Bill Provider Last/Group Name	31	76d	34	48		X	A jurisdiction may use and map box 31 (Prov Signature) on the CMS 1500 to the Rendering Provider Last/First Name. For the UB-04, the Attending Physician (FL 76d is used for the Rendering Bill Provider Last/First Name); FL 76a = Attending NPI and FL 76c = secondary ID Number.
0647	Rendering Bill Provider National Provider ID		76a	32 & 33	54		X	NCPDP note: On WC/PC UCF only one ID per rendering bill provider (pharmacy) is allowed. Field 33 identifies the type of ID reported in Field 32.
0651	Rendering Bill Provider Primary Specialty Code (taxonomy)		76c		56A		X	
0643	Rendering Bill Provider State License Number	31	76c	32 & 33	50		X	NCPDP note: On WC/PC UCF only one ID per rendering bill provider (pharmacy) is allowed. Field 33 Identifies the type of ID reported in Field 32.
0592	Rendering Line Provider National Provider ID	24j_2					X	NCPDP note: On WC/PC UCF only one provider per bill is allowed (see Rendering Bill Provider ID information).

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0595	Rendering Line Provider Primary Specialty Code (taxonomy)	24j_1					X	See above note.
0586	Rendering Line Provider FEIN						X	NCPDP note: On WC/PC UCF only one provider per bill is allowed (see Rendering Bill Provider ID information).
0599	Rendering Line Provider State License Number	24J_1					X	NCPDP note: On WC/PC UCF only one provider per bill is allowed (see Rendering Bill Provider ID information).
0615	Reporting Period					X		
0559	Revenue Billed Code		42				X	
0576	Revenue Paid Code					X		
0733	Service Adjustment Amount					X		
0731	Service Adjustment Group Code					X		
0732	Service Adjustment Reason Code					X		
0509	Service Bill Date(s) Range		6				X	NCPDP note: Date range N/A for pharmacy bills.
0605	Service Line Date Range	24a	45		24		X	NCPDP note: Date range N/A for pharmacy bills.
0516	Total Amount Paid Per Bill					X		
0574	Total Amount Paid Per Line					X		
0501	Total Charge Per Bill	28	47_23	110 (or 106) (see note)	33		X	UB-04 note: On the UB-04 paper form, this information is reported on column 47, FL 23. NCPDP note: For the total charge (same as on the CMS 1500 (28)), the appropriate field on the UC/WC PCF would be 106 Gross Amount Due. For the Net Amount billed (minus taxes, patient pay amount, etc.), should be Field 110 Net Amount Due.
0552	Total Charge Per Line	24f	47		31		X	NCPDP note: N/A for pharmacy.
0266	Transaction Tracking Number					X		
0500	Unique Bill ID Number			15		X		