

**Oregon Medical Release 2.0
DN-Error Message Table**

| Sorted by Error Message & DN | Legend: F (Fatal Technical Edits): Elements essential for a transaction set or for creating an acknowledgment. L (Logical Standard Edits): Standard edits suggested by the IAIABC that Oregon enforces. Y (Standard Edits): Edits added by Oregon. N/A: Edits suggested by the IAIABC that Oregon does not enforce. | Applicable to Jurisdiction Requirements | Population Restrictions Indicator | Mandatory field not present | All digits must be 0-9 | Must be a valid date (CCYYMMDD) | Must be A-Z, 0-9, or spaces | Must be a valid time | Must be <= Date of Injury | Must be >= Date of Injury | No match on database | All digits cannot be the same | Must be <= current date | Not statutorily valid | Value is > required by jurisdiction | Value is < required by jurisdiction | Must be valid occurrence for segment | Duplicate Batch/Transaction | Code/ID invalid | Non-match data value not consistent with value previously reported | Event Table criteria not met | Required segment not present | Invalid event sequence | Invalid data relationship | Corresponding report/data not found | Invalid record/transaction count | Must be <= Service Date | Must be >= Service Date | Must be >= Date of Bill | Must be >= Date Payer Received Bill | Must be >= From Service Date | Must be <= To Service Date | Expected field not present | Must be valid content | Match data value not consistent with value previously reported | Trading Partner not approved to submit data for Insurer/Claim Admin | | |
|------------------------------|---|---|-----------------------------------|-----------------------------|------------------------|---------------------------------|-----------------------------|----------------------|---------------------------|---------------------------|----------------------|-------------------------------|-------------------------|-----------------------|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------|-----------------|--|------------------------------|------------------------------|------------------------|---------------------------|-------------------------------------|----------------------------------|-------------------------|-------------------------|-------------------------|-------------------------------------|------------------------------|----------------------------|----------------------------|-----------------------|--|---|-----|-----|
| DN | IAIABC Data Element Name | PR | 001 | 028 | 029 | 030 | 031 | 033 | 034 | 039 | 040 | 041 | 042 | 044 | 045 | 054 | 057 | 058 | 059 | 061 | 062 | 063 | 064 | 065 | 066 | 070 | 071 | 072 | 073 | 074 | 075 | 108 | 111 | 117 | 118 | | | |
| 0005 | JURISDICTION CLAIM NUMBER | NA | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0006 | INSURER FEIN | M | L | L | | | | | | | L | L | | | Y | Y | | | | | | | | | | | | | | | | | | | | N/A | | |
| 0007 | INSURER NAME | M | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0014 | CLAIM ADMINISTRATOR MAILING POSTAL CODE | MC | L | | | | | | | N/A | | | | | | | | L | | | | | | | | | | | | | | | | | | | | |
| 0015 | CLAIM ADMINISTRATOR CLAIM NUMBER | M | L | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | |
| 0016 | EMPLOYER FEIN | AA | | N/A | | | | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | |
| 0018 | EMPLOYER NAME | M | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0019 | EMPLOYER PHYSICAL PRIMARY ADDRESS | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0020 | EMPLOYER PHYSICAL SECONDARY ADDRESS | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0021 | EMPLOYER PHYSICAL CITY | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0022 | EMPLOYER PHYSICAL STATE CODE | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0023 | EMPLOYER PHYSICAL POSTAL CODE | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0031 | DATE OF INJURY | F | F | L | | | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | N/A | | |
| 0042 | EMPLOYEE SSN | MC | Y | L | | | | | | | L | | | | Y | Y | | | | | | | | | | | | | | | | | | | | N/A | | |
| 0043 | EMPLOYEE LAST NAME | M | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0044 | EMPLOYEE FIRST NAME | M | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0045 | EMPLOYEE MIDDLE NAME/INITIAL | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0046 | EMPLOYEE MAILING PRIMARY ADDRESS | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0047 | EMPLOYEE MAILING SECONDARY ADDRESS | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0048 | EMPLOYEE MAILING CITY | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0049 | EMPLOYEE MAILING STATE CODE | NA | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0050 | EMPLOYEE MAILING POSTAL CODE | NA | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0051 | EMPLOYEE PHONE NUMBER | NA | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0052 | EMPLOYEE DATE OF BIRTH | NA | | | N/A | | | N/A | | | | | N/A | | | | | | | | | | | | | | N/A | | | | | | | | | | | |
| 0053 | EMPLOYEE GENDER CODE | NA | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0098 | SENDER ID | F | F | | | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | |
| 0099 | RECEIVER ID | F | F | | | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0100 | DATE TRANSMISSION SENT | F | F | L | | | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0101 | TIME TRANSMISSION SENT | F | F | L | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0152 | EMPLOYEE EMPLOYMENT VISA | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A |
| 0153 | EMPLOYEE GREEN CARD | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A |
| 0154 | EMPLOYEE ID ASSIGNED BY JURISDICTION | MC | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A |
| 0155 | EMPLOYEE MAILING COUNTRY CODE | NA | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | N/A |
| 0156 | EMPLOYEE PASSPORT NUMBER | MC | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A |
| 0164 | EMPLOYER PHYSICAL COUNTRY CODE | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| DN | IAIABC Data Element Name | PR | 001 | 028 | 029 | 030 | 031 | 033 | 034 | 039 | 040 | 041 | 042 | 044 | 045 | 054 | 057 | 058 | 059 | 061 | 062 | 063 | 064 | 065 | 066 | 070 | 071 | 072 | 073 | 074 | 075 | 108 | 111 | 117 | 118 | | |
| 0535 | ADMITTING DIAGNOSIS CODE | MC | L | | | | | | | | | | | | | Y | | L | | | | | | | | | | | | | | | | | | | |
| 0537 | BILLING PROVIDER PRIMARY SPECIALTY CODE | NA | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0538 | BILLING PROVIDER PRIMARY ADDRESS | M | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0539 | BILLING PROVIDER SECONDARY ADDRESS | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0540 | BILLING PROVIDER CITY | M | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0541 | BILLING PROVIDER STATE CODE | AA | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0542 | BILLING PROVIDER POSTAL CODE | AA | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0543 | BILL ADJUSTMENT GROUP CODE | MC | L | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0544 | BILL ADJUSTMENT REASON CODE | MC | L | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0545 | BILL ADJUSTMENT AMOUNT | MC | L | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0546 | BILL ADJUSTMENT UNITS | AR | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0547 | LINE NUMBER | F | F | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0547 | LINE NUMBER | MC | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0548 | BILLED DRG CODE | AA | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0549 | PAID DRG CODE | AA | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0550 | PRINCIPAL PROCEDURE DATE | MC | L | | L | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0551 | PROCEDURE DESCRIPTION | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0552 | TOTAL CHARGE PER LINE | M | L | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0553 | DAY(S)/UNIT(S) CODE | M | L | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0554 | DAY(S) /UNIT(S) BILLED | M | L | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0555 | PLACE OF SERVICE BILL CODE | F | F | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0556 | CONDITION CODE | NA | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0557 | DIAGNOSIS POINTER | MC | L | L | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0559 | REVENUE BILLED CODE | M | L | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0561 | PRESCRIPTION LINE NUMBER | M | L | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0562 | DISPENSE AS WRITTEN CODE | M | L | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | |
| 0563 | DRUG NAME | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0569 | BILLING PROVIDER COUNTRY CODE | MC | | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | |
| 0570 | DRUGS/SUPPLIES QUANTITY DISPENSED | M | L | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0571 | DRUGS/SUPPLIES NUMBER OF DAYS | M | L | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0572 | DRUGS/SUPPLIES BILLED AMOUNT | M | Y | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0574 | TOTAL AMOUNT PAID PER LINE | MC | L | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0576 | REVENUE PAID CODE | AR | | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | |
| 0577 | ADMISSION TYPE CODE | MC | | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | |
| 0579 | DRUGS/SUPPLIES DISPENSING FEE | M | Y | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0580 | DAY(S)/UNIT(S) PAID | AA | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|------------------------------|---|---|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| | | | PR | 001 | 028 | 029 | 030 | 031 | 033 | 034 | 039 | 040 | 041 | 042 | 044 | 045 | 054 | 057 | 058 | 059 | 061 | 062 | 063 | 064 | 065 | 066 | 070 | 071 | 072 | 073 | 074 | 075 | 108 | 111 | 117 | 118 | |
| DN | IAIABC Data Element Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0581 | TREATMENT AUTHORIZATION NUMBER | NA | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0587 | RENDERING LINE PROVIDER FIRST NAME | MC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0588 | RENDERING LINE PROVIDER LAST NAME SUFFIX | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0589 | RENDERING LINE PROVIDER LAST/GROUP NAME | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0591 | RENDERING LINE PROVIDER MIDDLE NAME/INITIAL | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0592 | RENDERING LINE PROVIDER NATIONAL PROVIDER ID | MC | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0595 | RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE | MC | Y | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0599 | RENDERING LINE PROVIDER STATE LICENSE NUMBER | MC | Y | | Y | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0600 | PLACE OF SERVICE LINE CODE | AR | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0604 | PRESCRIPTION LINE DATE | M | L | L | | | | L | | | Y | | | | | | | | | | | | | | | L | | | | | | | | | | | |
| 0605 | SERVICE LINE DATE(S) RANGE | M | L | L | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0615 | REPORTING PERIOD | NA | | N/A | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0616 | INSURER POSTAL CODE | M | L | | | | | | N/A | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0622 | ADMISSION HOUR | NA | | N/A | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0623 | DISCHARGE HOUR | NA | | N/A | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0625 | HIPPS RATE CODE | MC | | | | | | | | | | | | | Y | | | L | | | | | | | | | | | | | | | | | | | |
| 0627 | LINE ITEM TAX CHARGE AMOUNT | MC | | L | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | |
| 0628 | LINE ITEM TAX PAID AMOUNT | MC | Y | L | | | | | | | | | | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| 0629 | BILLING PROVIDER FEIN | MC | L | L | | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0630 | BILLING PROVIDER STATE LICENSE NUMBER | MC | Y | | Y | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| 0634 | BILLING PROVIDER NATIONAL PROVIDER ID | AR | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | |
| 0638 | RENDERING BILL PROVIDER LAST/GROUP NAME | AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0639 | RENDERING BILL PROVIDER FIRST NAME | MC | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0640 | RENDERING BILL PROVIDER MIDDLE NAME/INITIAL | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0641 | RENDERING BILL PROVIDER LAST NAME SUFFIX | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0643 | RENDERING BILL PROVIDER STATE LICENSE NUMBER | MC | Y | | Y | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |

