

Medical Bill Data Element Requirement Table					
Bill Submission Reason Codes					
DN	Data Element Name	Accepted Original/Replace 00/05	Denied Original/Replace 00/05	Cancellation 01	Mandatory Trigger or Implementation Note

719	ADA Procedure Billed Code	C	O	O	If DN715 Jurisdiction Procedure Billed Code, DN721 NDC Billed Code, and DN714 HCPCS Line Procedure Billed Code are not present. Must be used in the SV3 segment.
722	ADA Procedure Paid Code	C	O	O	If different from DN719, DN721, DN715, or DN714 and paid with ADA code (i.e., if paid is different than billed).
513	Admission Date	C	O	O	If DN504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89.
535	Admitting Diagnosis Code	C	O	O	If DN504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89.
564	Basis of Cost Determination Code	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., required for pharmacy bills).
545	Bill Adjustment Amount	C	C	O	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill. Total of all adjustments plus amount paid must equal amount billed.
543	Bill Adjustment Group Code	C	C	O	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill.
544	Bill Adjustment Reason Code	C	C	O	If DN516 Total Amount Paid Per Bill is not equal to DN501 Total Charge Per Bill.
546	Bill Adjustment Units	C	O	O	If DN580 Days/Units Paid is different from DN554 Days/Units Billed.
508	Bill Submission Reason Code	M	M	M	
503	Billing Format Code	M	M	O	
629	Billing Provider FEIN	M	M	O	
569	Billing Provider Country Code	C	O	O	If provider address is outside the US.
528	Billing Provider Last/Group Name	M	M	O	
634	Billing Provider National Provider ID	C	O	O	Must be reported if billing provider has a National Provider ID.
537	Billing Provider Primary Specialty Code	O	O	O	
630	Billing Provider State License Number	C	O	O	Report DN 630 State License Number only if DN634 Billing Provider does not have a National Provider ID. Use "99999" if provider type not licensed by the state (e.g., ambulance or durable medical equipment).
523	Billing Provider Unique Bill Identification Number	M	M	M	If not available, use default of all 9s.
502	Billing Type Code	C	C	O	If DN502 = "DD," there must be an SV3 segment. If DN502 = "RX" or "MO," there must be an SV4 segment. If DN502 = "DM," there must be an SV5 segment. A combination SV1 and SV5 is permitted on a single line.
015	Claim Administrator Claim Number	M	M	M	
187	Claim Administrator FEIN	C	C	O	If different from DN6 Insurer FEIN.
188	Claim Administrator Name	C	O	O	If different from DN7 Insurer name.

515	Contract Type Code	C	O	O	If DN518 DRG Code is present.
512	Date Insurer Paid Bill	M	M	O	
511	Date Insurer Received Bill	M	M	O	
31	Date of Injury	M	M	M	
100	Date Transmission Sent	M	M	M	
554	Days/Units Billed	C	O	O	If Professional (SV1 segment used), Institutional (SV2 segment used), or DME (SV5 segment used) bills.
553	Days/Units Code	C	O	O	If DN554 Days/Units Billed is present.
580	Days/Units Paid	C	O	O	If different from DN554 Days/Units Billed.
557	Diagnosis Pointer	C	O	O	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. Diagnosis pointer not required for ambulance services, DME or jurisdiction service codes.
514	Discharge Date	C	O	O	If DN503 Billing Format Code equals "A" and patient has been discharged.
562	Dispense As Written Code	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., for pharmacy bills).
567	DME Billing Frequency Code	C	O	O	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	C	O	O	If DN503 Billing Format Code equals "A" and DN504 Facility Code is one of the following; 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89 and DN682 Facility National Provider ID identifies a required facility. Reported DRG Codes must be MS-DRG Codes; as referenced in OAR 436-009 Medical Billing and Payment Rules.
563	Drug Name	O	O	O	
572	Drugs/Supplies Billed Amount	C	C	O	If DN502 Billing Type Code value is "RX" or "MO" (i.e., for pharmacy bills).
579	Drugs/Supplies Dispensing Fee	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., for pharmacy bills).
571	Drugs/Supplies Number of Days	C	O	O	If DN502 Billing Type Code value is "RX" or "MO" (i.e., for pharmacy bills).
570	Drugs/Supplies Quantity Dispensed	C	O	O	If DN502 Billing Type Code value is "RX" or "MO" (i.e., for pharmacy bills).
152	Employee Employment Visa	C	C	C	If DN42 Employee Social Security number or DN153 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, DN153 Employee Green Card, DN152 Employee Employment Visa or DN156 Employee Passport Number not available.
43	Employee Last Name	M	M	M	
156	Employee Passport Number	C	C	C	If DN42 Employee Social Security, DN153 Employee Green Card, or DN152 Employee Employment Visa not available.
42	Employee Social Security Number	C	C	C	DN42 Employee SSN is preferred ID number. If none, see DN153 Employee Green Card. If injured worker is not a US citizen and has no other identification, use "999999999."
18	Employer Name	M	M	M	
504	Facility Code	C	O	O	If DN503 Billing Format Code = "A."

689	Facility Country Code	C	O	O	If facility address is outside the US.
678	Facility Name	C	O	O	If service performed in a facility, (e.g., hospital, ambulatory surgical center, etc.).
682	Facility National Provider ID	C	O	O	Must be reported if service performed in a facility within the US.
737	HCPCS Bill Procedure Code	C	C	O	If DN503 Billing Format Code = "A" and if DN626 HCPCS Prin. Procedure Billed Code is present and more than one procedure is performed.
714	HCPCS Line Procedure Billed Code	C	C	O	If DN502 Billing Type Code does not equal RX or MO, and if DN715 Jurisdiction Procedure Billed Code, DN721 NDC Billed Code, and DN719 ADA Procedure Billed Code are not present. Must be used in the SV1, SV2, SV3, or SV5 segment.
726	HCPCS Line Procedure Paid Code	C	O	O	If different from DN719ADA Procedure Billed Code, DN721 NDC Billed Code, DN715 Jurisdictional Procedure Billed Code, or DN714 HCPCS Line Procedure Billed Code, and paid with HCPCS code (i.e., if paid is different than billed).
717	HCPCS Modifier Billed Code	O	O	O	If present, must be a valid code.
727	HCPCS Modifier Paid Code	C	O	O	If different from DN717 HCPCS Modifier Billed Code.
626	HCPCS Principal Procedure Billed Code	C	C	O	Must be reported if DN503 Billing Format Code = "A" and included on provider's bill.
736	ICD-9 CM Procedure Code	C	O	O	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	O	O	If DN521 Principal Diagnosis 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 Jurisdiction Procedure Billed Code are present or a drug is dispensed by a physician during an office visit. Code must be specific enough to provide valid diagnosis, according to CMS definition. Summary codes that are specifically excluded from use as a diagnosis will be rejected. Diagnosis code not required for DME, jurisdiction service codes, or ambulance services.
525	ICD-9 CM Principal Procedure Code	C	C	O	Must be reported if DN503 Billing Format Code = "A" and included on provider's bill.
6	Insurer FEIN	M	M	M	Cancel and Replace transactions must match previously accepted Original DN6 Insurer FEIN. Resubmitted Original transactions must match previously submitted DN6 Insurer FEIN.
7	Insurer Name	M	M	M	
5	Jurisdictional Claim Number	C	O	O	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	Use HCPCS modifier values in this field if billing based on jurisdiction code.
730	Jurisdictional Modifier Paid Code	C	O	O	If different than DN718 Jurisdictional Modifier Billed Code. Use HCPCS modifier values in this field if payment based on jurisdiction code.
715	Jurisdictional Procedure Billed Code	C	O	O	If the procedure is included as an Oregon-specific code in the Oregon Medical Fee Schedule; and if DN502 Billing Type Code does not equal RX or MO; and if DN714 HCPCS Line Procedure Billed Code, DN721 NDC Billed Code, and DN719 ADA Procedure Billed Code are not present. Must be used in the SV1 or SV2 segment.
729	Jurisdictional Procedure Paid Code	C	O	O	If different from DN719 ADA Procedure Billed Code, DN721

					NDC Billed Code, DN715 Jurisdictional Procedure Billed Code, or DN714 HCPCS Line Procedure Billed Code and paid with Jurisdictional code (i.e., if paid is different than billed).
547	Line Number	M	M	O	Required in Loop 2400/LX segment.
208	Managed Care Organization Identification Number	C	O	O	If DN507 Provider Agreement Code equals 'P.'
721	NDC Billed Code	C	O	O	If DN502 Billing Type Code is 'RX' or 'MO', or if DN714 HCPCS Line Procedure Billed Code, DN715 Jurisdictional Procedure billed Code, and DN719 ADA Procedure Billed Code are not present. Must be used in the SV1 or SV4 segment. For compound drugs, use "99999."
728	NDC Paid Code	C	O	O	If different from DN719ADA Procedure Billed Code, DN721 NDC Billed Code, DN715 Jurisdictional Procedure Billed Code, or DN714 HCPCS Line Procedure Billed Code and paid with NDC code (i.e., if paid is different than billed).
555	Place of Service Bill Code	C	O	O	If DN503 Billing Format Code equals "B."
600	Place of Service Line Code	C	O	O	If different from DN555 Place of Svc. Billed Code.
527	Prescription Bill Date	O	O	O	
604	Prescription Line Date	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., required for pharmacy bills).
561	Prescription Line Number	C	O	O	If DN502 Billing Type Code value is 'RX' or 'MO' (i.e., required for pharmacy bills).
521	Principal Diagnosis Code	C	O	O	If DN503 Billing Format Code equals "A."
550	Principal Procedure Date	C	O	O	If DN626 HCPCS Principal Procedure Code or DN525 ICD-9 CM Principal Procedure Code is present.
524	Procedure Date	C	O	O	If DN736 ICD-9 CM Procedure Code or DN737 HCPCS Bill Procedure Code is present.
507	Provider Agreement Code	M	O	O	Enter "P" if worker is enrolled in a WCD-certified Managed Care Organization at time of service or if provider participates in a WCD-registered fee discount agreement. Enter "Y" for any other agreement. Enter "N" for none.
657	Rendering Bill Provider Country Code	C	O	O	If provider address is outside the US.
642	Rendering Bill Provider FEIN	O	O	O	
639	Rendering Bill Provider First Name	C	C	O	If Rendering Bill Provider is a person.
638	Rendering Bill Provider Last/Group Name	M	M	O	
647	Rendering Bill Provider National Provider ID	C	O	O	Must be reported if DN503 Billing Format Code equals A, and if provider has a National Provider ID.
651	Rendering Bill Provider Primary Specialty Code	O	O	O	
643	Rendering Bill Provider State License Number	C	O	O	Report DN643 Rendering Bill Provider State License Number only if DN647 Rendering Bill Provider does not have a National Provider ID. Use "99999" if provider type not licensed by the state (e.g., ambulance or durable medical equipment).
585	Rendering Line Provider Country Code	C	O	O	If provider address is outside the US.
586	Rendering Line Provider FEIN	O	O	O	
592	Rendering Line Provider National Provider ID	C	C	O	Must be reported if provider has a National Provider ID.
595	Rendering Line Provider Primary	O	O	O	

	Specialty Code				
599	Rendering Line Provider State License Number	C	O	O	If DN592 Rendering Line Provider does not have a National Provider ID, DN599 State License Number must be present. Use "99999" if provider type not licensed by the state (e.g., ambulance or durable medical equipment).
615	Reporting Period	M	M	M	
559	Revenue Billed Code	C	C	O	If a value for DN504 Facility Code with 1st digit equal to 1.
576	Revenue Paid Code	C	O	O	If different from DN559 Revenue Billed Code.
733	Service Adjustment Amount	C	C	O	If DN574 Total Amount Paid Per Line is different from DN552 Total Charge Per Line, DN566 Total Charge Per Line – Purchase, DN565 Total Charge Per Line – Rental, or DN572 Drugs/Supplies Billed amount.
731	Service Adjustment Group Code	C	C	O	If DN574 Total Amount Paid Per Line is different from DN552 Total Charge Per Line, DN566 Total Charge Per Line – Purchase, DN565 Total Charge Per Line – Rental, or DN572 Drugs/Supplies Billed amount.
732	Service Adjustment Reason Code	C	C	O	If DN574 Total Amount Paid Per Line is different from DN552 Total Charge Per Line, DN566 Total Charge Per Line – Purchase, DN565 Total Charge Per Line – Rental, or DN572 Drugs/Supplies Billed amount.
734	Service Adjustment Units	C	O	O	If DN580 Days/Units Paid is not equal to DN554 Days/Units Billed.
509	Service Bill Date(s) Range	C	O	O	If different from DN605 Svc. Lines Date Range.
605	Service Line Date(s) Range	C	O	O	If bill type is not pharmacy. (DN604 Prescription Line Date is used specifically for pharmacy.)
101	Time Transmission Sent	M	M	M	
516	Total Amount Paid Per Bill	C	C	O	If different from DN501 Total Charge per Bill and must equal the sum of all the amounts paid at the line level.
574	Total Amount Paid Per Line	C	O	O	If paid amount is not equal to DN552 Total Charge per Line, DN572 Drugs/Supplies Billed Amount, or the sum of DN566 Total Charge Per Line–Purchase plus DN565 Total Charge Per Line–Rental.
501	Total Charge Per Bill	M	M	O	
552	Total Charge Per Line	C	C	O	If professional and institutional service lines (i.e., SV1, SV2, and SV3).
566	Total Charge Per Line – Purchase	C	O	O	If Durable Medical Equipment is purchased.
565	Total Charge Per Line – Rental	C	O	O	If Durable Medical Equipment is rented.
266	Transaction Tracking Number	M	M	M	
500	Unique Bill ID Number	M	M	M	Cancel & Replace transactions must match previously accepted Original DN500 Unique Bill ID Number. Resubmitted Original transactions must match previously submitted DN500 Unique Bill ID Number.