

OREGON-ADOPTED IAIABC DATA EDITS AND ERROR MESSAGES

ERROR MESSAGES		Mandatory Field Not Present	Must be numeric (0-9)	Must be valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be <= Date of injury	Must be >= Date of injury	No match on database	All digits cannot be the same	Must be <= Current date	Code/ID valid	Invalid Event Sequence/Relationship	Must be >= Date payer received bill	Must be >= From Service Date	Must be <= Thru Service date
		001	028	029	030	033	034	039	040	041	058	063	073	074	075
DN	DATA ELEMENT NAME														
513	Admission Date			X			X			X					
535	Admitting Diagnosis Code										X				
564	Basis of Cost Determination Code										X				
545	Bill Adjustment Amount		X												
543	Bill Adjustment Group Code										X				
544	Bill Adjustment Reason Code										X				
546	Bill Adjustment Units		X												
508	Bill Submission Reason Code	X									X	X			
503	Billing Format Code	X									X				
629	Billing Provider FEIN		X					X							
528	Billing Provider Last/Group Name														
634	Billing Provider Nat'l. Prov. ID				X										
537	Billing Provider Primary Specialty Code										X				
523	Billing Provider Unique Bill Identification Number				X										
502	Billing Type Code										X				
15	Claim Administrator Claim Number	X			X										
187	Claim Administrator FEIN		X						X						
188	Claim Administrator Name														
512	Date Insurer Paid Bill	X		X			X			X			X		
511	Date Insurer Received Bill	X		X			X			X					
31	Date of Injury	X		X						X					
554	Days/Units Billed		X												
553	Days/Units Code										X				
557	Diagnosis Pointer		X								X				
514	Discharge Date			X			X			X					
562	Dispense As Written Code										X				
567	DME Billing Frequency Code										X				
518	DRG Code										X				
563	Drug Name														
572	Drugs/Supplies Billed Amount		X												
579	Drugs/Supplies Dispensing Fee		X												
571	Drugs/Supplies Number of Days		X												
570	Drugs/Supplies Quantity Dispensed		X												
152	Employee Employment Visa				X										
44	Employee First Name	X													
153	Employee Green Card				X										

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DN	DATA ELEMENT NAME	001	028	029	030	033	034	039	040	041	058	063	073	074	075
154	Employee ID Assigned by Jurisdiction							X							
43	Employee Last Name	X													
156	Employee Passport Number				X										
42	Employee Social Security Number		X						X						
504	Facility Code										X				
678	Facility Name														
682	Facility National Provider ID				X										
737	HCPCS Bill Procedure Code										X				
714	HCPCS Line Procedure Billed Code										X				
726	HCPCS Line Procedure Paid Code										X				
717	HCPCS Modifier Billed Code										X				
727	HCPCS Modifier Paid Code										X				
626	HCPCS Principal Procedure Billed Code										X				
522	ICD-9 CM Diagnosis Code										X				
525	ICD-9 CM Principal Procedure Code										X				
736	ICD-9 CM Procedure Code										X				
6	Insurer FEIN	X	X					X	X						
5	Jurisdiction Claim Number				X										
718	Jurisdiction Modifier Billed Code										X				
730	Jurisdiction Modifier Paid Code										X				
715	Jurisdiction Procedure Billed Code										X				
729	Jurisdiction Procedure Paid Code										X				
547	Line Number	X	X												
208	Managed Care Organization ID Number				X			X							
721	NDC Billed Code										X				
728	NDC Paid Code										X				
102	Original Transmission Date			X						X					
103	Original Transmission Time		X												
555	Place of Service Bill Code										X				
600	Place of Service Line Code										X				
527	Prescription Bill Date			X			X			X					
604	Prescription Line Date			X			X			X					
561	Prescription Line Number				X										

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DN	DATA ELEMENT NAME	001	028	029	030	033	034	039	040	041	058	063	073	074	075
521	Principal Diagnosis Code										X				
550	Principal Procedure Date			X			X			X				X	X
524	Procedure Date			X			X			X				X	X
507	Provider Agreement Code	X									X				
99	Receiver ID	X									X				
642	Rendering Bill Provider FEIN		X						X						
638	Rendering Bill Provider Last/Group Name														
647	Rendering Bill Provider National ID				X										
651	Rendering Bill Provider Primary Specialty Code	X									X				
586	Rendering Line Provider FEIN		X						X						
589	Rendering Line Provider Last/Group Name														
592	Rendering Line Provider National ID				X										
593	Rendering Line Provider Postal Code														
595	Rendering Line Provider Primary Specialty Code										X				
615	Reporting Period	X		X						X					
559	Revenue Billed Code										X				
576	Revenue Paid Code										X				
733	Service Adjustment Amount		X												
731	Service Adjustment Group Code										X				
732	Service Adjustment Reason Code										X				
509	Service Bill Date(s) Range			X			X			X					
605	Service Line Date(s) Range			X			X			X					
516	Total Amount Paid per Bill	X	X												
574	Total Amount Paid per Line		X												
501	Total Charge per Bill	X	X												
552	Total Charge per Line		X												
566	Total Charge per Line - Purchase		X												
565	Total Charge per Line - Rental		X												
266	Transaction Tracking Number	X													
500	Unique Bill ID Number	X			X			X							

NOTE: Highlighted text indicates change from original document