

OREGON MEDICAL DATA ELEMENT REQUIREMENT TABLE

Bill Reason Submission Codes

		Original	Cancellation	Replace	
DN	Data Element Name	00	01	05	Mandatory Trigger
513	Admission Date	C	O	O	If Billing Format Code equals "A" and patient has been admitted
535	Admitting Diagnosis Code	C	O	O	If Billing Format Code is "A" and patient has been admitted
564	Basis of Cost Determination Code	C	O	O	If a pharmacy bill submitted on universal claim form/NCPDP format
545	Bill Adjustment Amount	C	O	O	If paid amount is not equal to billed amount
543	Bill Adjustment Group Code	C	O	O	If paid amount is not equal to billed amount
544	Bill Adjustment Reason Code	C	O	O	If paid amount is not equal to billed amount
546	Bill Adjustment Units	C	O	O	If paid amount is not equal to billed amount
508	Bill Submission Reason Code	M	M	M	
503	Billing Format Code	M	M	O	
629	Billing Provider FEIN	C	O	C	If provider has no NPI
528	Billing Provider Last/Group Name	C	O	O	If different than Rend. Bill Prov. Last/Gp. Name
537	Billing Provider Primary Specialty Code	C	O	O	If applicable.
523	Billing Provider Unique Bill Identification Number	O	O	O	
634	Billing Provider National Provider ID	C	O	C	If provider has an NPI, it must be reported; otherwise, report the provider FEIN
502	Billing Type Code	C	O	O	If Billing Format Code equals "B" and prescriptions or durable medical equipment are billed
015	Claim Administrator Claim Number	M	M	M	
187	Claim Administrator FEIN	C	O	O	If the Claim Administrator FEIN is different than Insurer FEIN
188	Claim Administrator Name	C	O	O	If the Claim Administrator name is different than Insurer name
512	Date Insurer Paid Bill	M	O	O	
511	Date Insurer Received Bill	M	O	O	
31	Date of Injury	M	O	O	
554	Days/Units Billed	C	O	O	If Jur. Proc. Billed Code or HCPCS Line Proc. Billed Code are present or Billing Type Code = DM, or a drug is dispensed by a physician during an office visit.
553	Days/Units Code	C	O	O	If Jur. Proc. Billed Code or HCPCS Line Proc. Billed Code are present or Billing Type Code = DM or a drug is dispensed by a physician during an office visit.
557	Diagnosis Pointer	C	O	O	If Billing Format Code equals "B" and Jur. Proc. Billed Code or HCPCS Line Proc. Billed Code is present or a drug is dispensed by a physician during an office visit.
514	Discharge Date	C	O	O	If Billing Format Code equals "A" and patient has been discharged

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562	Dispense As Written Code	C	O	O	If a pharmacy bill submitted on universal claim form/NCPDP format
567	DME Billing Frequency Code	C	O	O	If Billing Type Code = DM and Total Chg. per Line - Rental is present
518	DRG Code	C	O	O	If Billing Format Code equals "A"
563	Drug Name	O	O	O	
572	Drugs/Supplies Billed Amount	C	O	O	If Billing Type Code, value is "RX" or "MO".
579	Drugs/Supplies Dispensing Fee	C	O	O	If a pharmacy bill submitted on universal claim form/NCPDP format
571	Drugs/Supplies Number of Days	C	O	O	If Billing Type Code, value is "RX" or "MO".
570	Drugs/Supplies Quantity Dispensed	C	O	O	If Billing Type Code, value is "RX" or "MO".
152	Employee Employment Visa	C	O	O	If Employee Social Security number or Employee Green Card number is not available.
44	Employee First Name	M	O	O	
153	Employee Green Card	C	O	O	If Employee Social Security number is not available.
154	Employee ID Assigned by Jurisdiction	C	O	O	If Employee Social Security, Employee Green Card, Employee Employment Visa or Employee Passport Number not available.
43	Employee Last Name	M	O	O	
156	Employee Passport Number	C	O	O	If Employee Social Security, Employee Green Card, or Employee Employment Visa not available.
42	Employee Social Security Number	C	O	O	Employee SSN is preferred ID number. If none, see Employee Green Card. If injured worker is not a United States citizen and has no other identification, call WCD to receive Jurisdiction Assigned ID Number for reporting purposes
504	Facility Code	C	C	O	If Billing Format Code equals "A"
678	Facility Name	C	O	O	If service performed in a licensed facility
682	Facility National Provider ID	C	O	O	If service performed in a licensed facility
737	HCPCS Bill Procedure Code	C	O	O	If HCPCS Prin. Proc. Billed Code is present and more than one procedure is performed
714	HCPCS Line Procedure Billed Code	C	O	O	If Billing Type Code not equal RX or MO, and if Jur. Proc. Billed Code or NDC Billed Code not present
726	HCPCS Line Procedure Paid Code	C	O	O	If different than HCPCS Line Proc. Billed Code
717	HCPCS Modifier Billed Code	C	O	O	If HCPCS Line Proc. Billed Code is modified
727	HCPCS Modifier Paid Code	C	O	O	If HCPCS Line Proc. Paid Code is modified
626	HCPCS Principal Procedure Billed Code	C	O	O	If Billing Format Code, Billing Format Code, is "A" and the code value is not an ICD-9 code. For surgical bills only.
736	ICD-9 CM Procedure Code	C	O	O	If ICD-9 CM Prin. Proc. Code is present and more than one procedure is performed

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DN	Data Element Name	00	01	05	Mandatory Trigger
522	ICD-9 CM Diagnosis Code	C	O	O	If Prin. Diag. Code is present and more than one diagnosis occurs or if Billing Format Code = B and HCPCS Line Proc. Billed Code or Jur. Proc. Billed Code or a drug is dispensed by a physician during an office visit.
525	ICD-9 CM Principal Procedure Code	C	O	O	If Billing Format Code is "A" and the code value is not a HCPCS code. For surgical bills only.
6	Insurer FEIN	M	M	M	
5	Jurisdictional Claim Number	C	O	O	If the first report of injury has been filed and a jurisdictional claim number is available
718	Jurisdictional Modifier Billed Code	C	O	O	If Jur. Proc. Billed Code is modified
730	Jurisdictional Modifier Paid Code	C	O	O	If different than Juris. Mod. Billed 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
729	Jurisdictional Procedure Paid Code	C	O	O	If different than Jur. Proc. Billed Code
547	Line Number	M	O	O	
208	Managed Care Organization Identification Number	C	O	O	If worker enrolled at time of service.
721	NDC Billed Code	C	O	O	If a pharmaceutical bill or a drug is dispensed by a physician during an office visit.
728	NDC Paid Code	C	O	O	If different than NDC Billed Code
555	Place of Service Bill Code	C	C	O	If Billing Format Code equals "B"
600	Place of Service Line Code	C	O	O	If different than Place of Svc. Billed Code and not a pharmacy bill
527	Prescription Bill Date	O	O	O	
604	Prescription Line Date	C	O	O	If a pharmacy bill submitted on universal claim form/NCPDP format
561	Prescription Line Number	C	O	O	If a pharmacy bill submitted on universal claim form/NCPDP format
521	Principal Diagnosis Code	C	O	O	If Billing Format Code equals "A"
550	Principal Procedure Date	C	O	O	If Billing Format Code equals "A" and if ICD-9 CM Prin. Proc. Code or HCPCS Prin. Proc. Billed Code is present
524	Procedure Date	C	O	O	If Billing Format Code equals "A" and more than one surgical procedure was performed
507	Provider Agreement Code	M	O	O	Enter the value "P" if the injured worker is enrolled in a Managed Care Organization at time of service
642	Rendering Bill Provider FEIN	C	O	C	If provider has no NPI
638	Rendering Bill Provider Last/Group Name	M	O	O	
647	Rendering Bill Provider National Provider ID	C	O	C	If provider has an NPI, it must be reported; otherwise, report the provider FEIN

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DN	Data Element Name	00	01	05	Mandatory Trigger
651	Rendering Bill Provider Primary Specialty Code	M	O	O	
586	Rendering Line Provider FEIN	C	O	C	If provider has no NPI
592	Rendering Line Provider National ID	C	O	C	If provider has an NPI, it must be reported; otherwise, report the provider FEIN
595	Rendering Line Provider Primary Specialty Code	C	O	O	If different than Rend. Bill Prov. Prim. Spec. Code
615	Reporting Period	M	M	M	
559	Revenue Billed Code	C	O	O	If a value for Facility Code with 1st digit equal to 1
576	Revenue Paid Code	C	O	O	If different than Rev. Billed Code
733	Service Adjustment Amount	C	O	O	If applicable.
731	Service Adjustment Group Code	C	O	O	If applicable.
732	Service Adjustment Reason Code	C	O	O	If applicable.
509	Service Bill Date(s) Range	C	O	O	If different than Svc. Lines Date Range
605	Service Line Date(s) Range	C	O	O	If not a pharmacy bill submitted on universal claim form/NCPDP format
516	Total Amount Paid Per Bill	C	O	O	If different than Total Chg. per Bill
574	Total Amount Paid Per Line	C	O	O	If paid amount is not equal to billed amount
501	Total Charge Per Bill	M	M	M	
552	Total Charge Per Line	O	O	O	
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	Canc. & Replace. Transactions must match prev. submitted Original Unique Bill ID No.