**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES**
**WORKERS' COMPENSATION DIVISION**
**ELECTRONIC DATA INTERCHANGE; MEDICAL BILL DATA**

### Appendix A and Appendix B (OAR 436-160-0410)

| Requirement Codes (for Appendix A) | |
|---|---|
| **F** | Fatal Technical |
| **M** | Mandatory |
| **MC** | Mandatory Conditional: Conditions are defined on the Medical Conditions Table, Appendix B |
| **AA** | If Applicable/Available with Item Accept if Invalid |
| **AR** | If Applicable/Available with Item Reject if Invalid |
| **NA** | Not Applicable |
| **X** | Exclude (not applicable to the transaction) |

# Oregon Medical EDI Element Requirement Table – Appendix A

| | | Type of Medical Bill Record → | Professional SV1 | | | | Institutional SV2 | | | | Pharmaceutical SV4 | | | | Dental SV3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | | | | | | | | | | | | | | | | |
| **DN #** | **Ref. Des.** | **Data Element Name** / Bill Submission Reason Codes (BSRC) | Original 00 | Cancellation 01 | Correction 02 | Replace 05 | Original 00 | Cancellation 01 | Correction 02 | Replace 05 | Original 00 | Cancellation 01 | Correction 02 | Replace 05 | Original 00 | Cancellation 01 | Correction 02 | Replace 05 |
| **Transaction Set Header - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0532 | BHT03 | ORIGINATOR TRANSACTION IDENTIFICATION NUMBER | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 0100 | BHT04 | DATE TRANSMISSION SENT | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 0101 | BHT05 | TIME TRANSMISSION SENT | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| **Loop ID 1000A - Submitter Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0098 | NM109 | SENDER ID | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| **Loop ID 1000B - Receiver Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0099 | NM109 | RECEIVER ID | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| **Loop ID 2000A - Insurer Hierarchical Level Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0615 | DTP03 | REPORTING PERIOD | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| **Loop ID 2010AA - Insurer/Self Insured Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0007 | NM103 | INSURER NAME | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0006 | NM109 | INSURER FEIN | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0616 | N403 | INSURER POSTAL CODE | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| **Loop ID 2010AB - Claim Administrator Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0188 | NM103 | CLAIM ADMINISTRATOR NAME | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0187 | NM109 | CLAIM ADMINISTRATOR FEIN | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0014 | N403 | CLAIM ADMINISTRATOR MAILING POSTAL CODE | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| **Loop ID 2010BA - Employer Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0018 | NM103 | EMPLOYER NAME | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0016 | NM109 | EMPLOYER FEIN | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0019 | N301 | EMPLOYER PHYSICAL PRIMARY ADDRESS | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0020 | N302 | EMPLOYER PHYSICAL SECONDARY ADDRESS | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0021 | N401 | EMPLOYER PHYSICAL CITY | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0022 | N402 | EMPLOYER PHYSICAL STATE CODE | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0023 | N403 | EMPLOYER PHYSICAL POSTAL CODE | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0164 | N404 | EMPLOYER PHYSICAL COUNTRY CODE | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| **Loop ID 2000C - Claimant Hierarchical Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0031 | DTP03 | DATE OF INJURY | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |

# Oregon Medical EDI Element Requirement Table – Appendix A

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| **Bill Submission Reason Codes (BSRC)** | | | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2010CA - Claimant Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0043 | NM103 | EMPLOYEE LAST NAME | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0044 | NM104 | EMPLOYEE FIRST NAME | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0045 | NM105 | EMPLOYEE MIDDLE NAME/INITIAL | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0255 | NM107 | EMPLOYEE LAST NAME SUFFIX | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0042 | NM109 | EMPLOYEE SSN | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0153 | NM109 | EMPLOYEE GREEN CARD | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0154 | NM109 | EMPLOYEE ID ASSIGNED BY JURISDICTION | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0156 | NM109 | EMPLOYEE PASSPORT NUMBER | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0152 | NM109 | EMPLOYEE EMPLOYMENT VISA | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0046 | N301 | EMPLOYEE MAILING PRIMARY ADDRESS | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0047 | N302 | EMPLOYEE MAILING SECONDARY ADDRESS | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0048 | N401 | EMPLOYEE MAILING CITY | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0049 | N402 | EMPLOYEE MAILING STATE CODE | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0050 | N403 | EMPLOYEE MAILING POSTAL CODE | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0155 | N404 | EMPLOYEE MAILING COUNTRY CODE | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0052 | DMG02 | EMPLOYEE DATE OF BIRTH | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0053 | DMG03 | EMPLOYEE GENDER CODE | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0015 | REF02 | CLAIM ADMINISTRATOR CLAIM NUMBER | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0015 | REF02 | REPLACEMENT CLAIM ADMINISTRATOR CLAIM NUMBER | NA | NA | AA | AA | NA | NA | AA | AA | NA | NA | AA | AA | NA | NA | AA | AA |
| 0005 | REF02 | JURISDICTION CLAIM NUMBER | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC | MC |
| 0051 | PER04 | EMPLOYEE PHONE NUMBER | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| | | **Bill Submission Reason Codes (BSRC)** | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| **DN #** | **Ref. Des.** | **Data Element Name** | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2300 - Bill Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0523 | CLM01 | BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 0501 | CLM02 | TOTAL CHARGE PER BILL | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0502 | CLM04 | BILLING TYPE CODE | X | NA | X | X | X | NA | X | X | X | NA | X | X | X | NA | X | X |
| 0504 | CLM05-1 | FACILITY CODE | X | NA | X | X | F | F | F | F | X | NA | X | X | X | NA | X | X |
| 0555 | CLM05-1 | PLACE OF SERVICE BILL CODE | F | F | F | F | X | X | X | X | F | F | F | F | F | F | F | F |
| 0503 | CLM05-2 | BILLING FORMAT CODE | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0505 | CLM05-3 | BILL FREQUENCY TYPE CODE | X | X | X | X | M | NA | M | M | X | X | X | X | X | X | X | X |
| 0507 | CLM16 | PROVIDER AGREEMENT CODE* | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0508 | CLM19 | BILL SUBMISSION REASON CODE | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 0511 | DTP03 | DATE INSURER RECEIVED BILL | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0513 | DTP03 | ADMISSION DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0622 | DTP03 | ADMISSION HOUR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0514 | DTP03 | DISCHARGE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0623 | DTP03 | DISCHARGE HOUR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0509 | DTP03 | SERVICE BILL DATE(S) RANGE | NA | NA | NA | NA | M | NA | M | M | NA | NA | NA | NA | NA | NA | NA | NA |
| 0527 | DTP03 | PRESCRIPTION DATE(s) | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0510 | DTP03 | DATE OF BILL | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0512 | DTP03 | DATE INSURER PAID BILL | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0577 | CL101 | ADMISSION TYPE CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0515 | CN101 | CONTRACT TYPE CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0516 | AMT02 | TOTAL AMOUNT PAID PER BILL | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0500 | REF02 | UNIQUE BILL ID NUMBER | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| 0266 | REF02 | TRANSACTION TRACKING NUMBER | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| 0581 | REF02 | TREATMENT AUTHORIZATION NUMBER | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0293 | REF02 | LUMP SUM PAYMENT/SETTLEMENT CODE | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

\* Enter "P" if worker is enrolled in a WCD-certified managed care organization (MCO) at time of service or if provider participates in a WCD-registered fee discount agreement. Enter "H" if care was provided through a health maintenance organization (HMO). Enter "Y" for any other agreement. Enter "N" for none.

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| | | **Bill Submission Reason Codes (BSRC)** | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **HI Segment - Institutional Bill Principal Diagnosis - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0521 | HI01-2 | PRINCIPAL DIAGNOSIS CODE | X | X | X | X | M | NA | M | M | X | X | X | X | X | X | X | X |
| 0533 | HI01-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| **HI Segment - Institutional Bill Admitting Diagnosis - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0535 | HI01-2 | ADMITTING DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| **HI Segment - Institutional Bill Other Diagnosis - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0522 | HI01-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI01-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI02-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI02-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI03-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI03-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI04-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI04-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI05-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI05-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI06-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI06-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI07-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI07-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI08-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI08-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI09-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI09-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI10-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI10-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI11-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI11-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0522 | HI12-2 | DIAGNOSIS CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0533 | HI12-9 | PRESENT ON ADMISSION INDICATOR | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| | | Bill Submission Reason Codes (BSRC) | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **HI Segment - Outpatient Reason For Visit - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0520 | HI01-2 | OUTPATIENT REASON FOR VISIT CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0520 | HI02-2 | OUTPATIENT REASON FOR VISIT CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0520 | HI03-2 | OUTPATIENT REASON FOR VISIT CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| **HI Segment - Non-Institutional Diagnosis Codes - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0521 | HI01-2 | PRINCIPAL DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI02-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI03-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI04-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| **HI Segment - Non-Institutional Diagnosis Codes - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0522 | HI05-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI06-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI07-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI08-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI09-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI10-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI11-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0522 | HI12-2 | DIAGNOSIS CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| **HI Segment - Institutional Bill Principal Procedure - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0525 | HI01-2 | PRINCIPAL PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0550 | HI01-4 | PRINCIPAL PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |

# Oregon Medical EDI Element Requirement Table – Appendix A

| | | Type of Medical Bill Record | Professional SV1 | | | | Institutional SV2 | | | | Pharmaceutical SV4 | | | | Dental SV3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name (Bill Submission Reason Codes (BSRC)) | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **HI Segment - Institutional Bill Other Procedure Codes - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0736 | HI01-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI01-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI02-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI02-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI03-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI03-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI04-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI04-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI05-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI05-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI06-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI06-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI07-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI07-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI08-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI08-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI09-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| **HI Segment - Institutional Bill Other Procedure Codes - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0524 | HI09-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI10-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI10-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI11-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI11-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0736 | HI12-2 | OTHER PROCEDURE CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0524 | HI12-4 | PROCEDURE DATE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |

| | | | Professional SV1 | | | | Institutional SV2 | | | | Pharmaceutical SV4 | | | | Dental SV3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Type of Medical Bill Record / Segment used to report a product or service | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name (Bill Submission Reason Codes (BSRC)) | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **HI Segment - Condition Codes - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0556 | HI01-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI02-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI03-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI04-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI05-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI06-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI07-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI08-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI09-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI10-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI11-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0556 | HI12-2 | CONDITION CODE | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| **HI Segment - Diagnosis Related Group (DRG) Information - Situational Segment** | | | | | | | | | | | | | | | | | | |
| 0549 | HI01-2 | PAID DRG CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0548 | HI01-8 | BILLED DRG CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| **Loop ID 2310A - Billing Provider Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0528 | NM103 | BILLING PROVIDER LAST/GROUP NAME | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0529 | NM104 | BILLING PROVIDER FIRST NAME | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0530 | NM105 | BILLING PROVIDER MIDDLE NAME/INITIAL | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0531 | NM107 | BILLING PROVIDER LAST NAME SUFFIX | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0634 | NM109 | BILLING PROVIDER NATIONAL PROVIDER ID | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |

# Oregon Medical EDI Element Requirement Table – Appendix A

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| **Bill Submission Reason Codes (BSRC)** | | | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2310A - Billing Provider Information - Required Loop** | | | | | | | | | | | | | | | | | | |
| 0537 | PRV03 | BILLING PROVIDER PRIMARY SPECIALTY CODE | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0538 | N301 | BILLING PROVIDER PRIMARY ADDRESS | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0539 | N302 | BILLING PROVIDER SECONDARY ADDRESS | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0540 | N401 | BILLING PROVIDER CITY | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0541 | N402 | BILLING PROVIDER STATE CODE | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0542 | N403 | BILLING PROVIDER POSTAL CODE | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0569 | N404 | BILLING PROVIDER COUNTRY CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0629 | REF02 | BILLING PROVIDER FEIN | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0630 | REF02 | BILLING PROVIDER STATE LICENSE NUMBER | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| **Loop ID 2310B - Rendering Bill Provider Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0638 | NM103 | RENDERING BILL PROVIDER LAST/GROUP NAME | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0639 | NM104 | RENDERING BILL PROVIDER FIRST NAME | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0640 | NM105 | RENDERING BILL PROVIDER MIDDLE NAME/INITIAL | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0641 | NM107 | RENDERING BILL PROVIDER LAST NAME SUFFIX | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0647 | NM109 | RENDERING BILL PROVIDER NATIONAL PROVIDER ID | MC | NA | MC | MC | M | NA | M | M | MC | NA | MC | MC | MC | NA | MC | MC |
| 0651 | PRV03 | RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE | MC | NA | MC | MC | NA | NA | NA | NA | MC | NA | MC | MC | MC | NA | MC | MC |
| 0643 | REF02 | RENDERING BILL PROVIDER STATE LICENSE NUMBER | MC | NA | MC | MC | NA | NA | NA | NA | MC | NA | MC | MC | MC | NA | MC | MC |
| **Loop ID 2310C - Supervising Provider Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0658 | NM103 | SUPERVISING PROVIDER LAST/GROUP NAME | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0659 | NM104 | SUPERVISING PROVIDER FIRST NAME | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0660 | NM105 | SUPERVISING PROVIDER MIDDLE NAME/INITIAL | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0661 | NM107 | SUPERVISING PROVIDER LAST NAME SUFFIX | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0667 | NM109 | SUPERVISING PROVIDER NATIONAL PROVIDER ID | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0671 | PRV03 | SUPERVISING PROVIDER PRIMARY SPECIALTY CODE | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0663 | REF02 | SUPERVISING PROVIDER STATE LICENSE NUMBER | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |

# Oregon Medical EDI Element Requirement Table – Appendix A

| | | | Professional SV1 | | | | Institutional SV2 | | | | Pharmaceutical SV4 | | | | Dental SV3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DN #** | **Ref. Des.** | **Data Element Name** (Bill Submission Reason Codes (BSRC)) | Original 00 | Cancellation 01 | Correction 02 | Replace 05 | Original 00 | Cancellation 01 | Correction 02 | Replace 05 | Original 00 | Cancellation 01 | Correction 02 | Replace 05 | Original 00 | Cancellation 01 | Correction 02 | Replace 05 |
| **Loop ID 2310D - Service Facility Location Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0678 | NM103 | FACILITY NAME | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0682 | NM109 | FACILITY NATIONAL PROVIDER ID | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0684 | N301 | FACILITY PRIMARY ADDRESS | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0685 | N302 | FACILITY SECONDARY ADDRESS | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA | AA |
| 0686 | N401 | FACILITY CITY | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0687 | N402 | FACILITY STATE CODE | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0688 | N403 | FACILITY POSTAL CODE | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0689 | N404 | FACILITY COUNTRY CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0680 | REF02 | FACILITY STATE LICENSE NUMBER | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0683 | REF02 | FACILITY SERVICE LOCATION ID | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA | AA | NA | AA | AA |
| **Loop ID 2310E - Referring Provider Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0690 | NM103 | REFERRING PROVIDER LAST/GROUP NAME | NA | NA | NA | NA | NA | NA | NA | NA | M | NA | M | M | NA | NA | NA | NA |
| 0691 | NM104 | REFERRING PROVIDER FIRST NAME | NA | NA | NA | NA | NA | NA | NA | NA | MC | NA | MC | MC | NA | NA | NA | NA |
| 0692 | NM105 | REFERRING PROVIDER MIDDLE NAME/INITIAL | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0693 | NM107 | REFERRING PROVIDER LAST NAME SUFFIX | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0699 | NM109 | REFERRING PROVIDER NATIONAL PROVIDER ID | NA | NA | NA | NA | NA | NA | NA | NA | MC | NA | MC | MC | NA | NA | NA | NA |
| 0695 | REF02 | REFERRING PROVIDER STATE LICENSE NUMBER | NA | NA | NA | NA | NA | NA | NA | NA | MC | NA | MC | MC | NA | NA | NA | NA |
| **Loop ID 2310F - Managed Care Organization Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0209 | NM103 | MANAGED CARE ORGANIZATION NAME | ~~NA~~ MC | NA | ~~NA~~ MC | ~~NA~~ MC | ~~NA~~ MC | NA | ~~NA~~ MC | ~~NA~~ MC | ~~NA~~ MC | NA | ~~NA~~ MC | ~~NA~~ MC | ~~NA~~ MC | NA | ~~NA~~ MC | ~~NA~~ MC |
| 0208 | NM109 | MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0704 | REF02 | MANAGED CARE ORGANIZATION FEIN | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| | | Bill Submission Reason Codes (BSRC) | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2320 - Bill Level Adjustments and Amounts - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0543 | CAS01 | BILL ADJUSTMENT GROUP CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0544 | CAS02 | BILL ADJUSTMENT REASON CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0545 | CAS03 | BILL ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0546 | CAS04 | BILL ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0544 | CAS05 | BILL ADJUSTMENT REASON CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0545 | CAS06 | BILL ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0546 | CAS07 | BILL ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0544 | CAS08 | BILL ADJUSTMENT REASON CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0545 | CAS09 | BILL ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0546 | CAS10 | BILL ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0760 | AMT02 | PRIOR ACTUAL AMOUNT PAID | X | X | X | NA | X | X | X | NA | X | X | X | NA | X | X | X | NA |
| **Loop ID 2400 - Service Line Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0547 | LX01 | LINE NUMBER | F | NA | F | F | F | NA | F | F | F | NA | F | F | F | NA | F | F |
| 0714 | SV101-2 | HCPCS LINE PROCEDURE BILLED CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0715 | SV101-2 | JURISDICTION PROCEDURE BILLED CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0721 | SV101-2 | NDC BILLED CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0717 | SV101-3 | HCPCS MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0718 | SV101-3 | JURISDICTION MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0717 | SV101-4 | HCPCS MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0718 | SV101-4 | JURISDICTION MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0717 | SV101-5 | HCPCS MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0718 | SV101-5 | JURISDICTION MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0717 | SV101-6 | HCPCS MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0718 | SV101-6 | JURISDICTION MODIFIER BILLED CODE | AA | NA | AA | AA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0551 | SV101-7 | PROCEDURE DESCRIPTION | NA | NA | NA | NA | X | X | X | X | X | X | X | X | X | X | X | X |
| 0552 | SV102 | TOTAL CHARGE PER LINE | M | NA | M | M | X | X | X | X | X | X | X | X | X | X | X | X |

# Oregon Medical EDI Element Requirement Table – Appendix A

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| | | | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| **Bill Submission Reason Codes (BSRC)** | | | | | | | | | | | | | | | | | | |
| DN # | Ref. Des. | Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2400 - Service Line Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0553 | SV103 | DAYS(S)/UNIT(S) CODE | M | NA | M | M | X | X | X | X | X | X | X | X | X | X | X | X |
| 0554 | SV104 | DAY(S) /UNIT(S) BILLED | M | NA | M | M | X | X | X | X | X | X | X | X | X | X | X | X |
| 0600 | SV105 | PLACE OF SERVICE LINE CODE | AR | NA | AR | AR | X | X | X | X | X | X | X | X | X | X | X | X |
| 0557 | SV107-1 | DIAGNOSIS POINTER | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0557 | SV107-2 | DIAGNOSIS POINTER | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0557 | SV107-3 | DIAGNOSIS POINTER | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0557 | SV107-4 | DIAGNOSIS POINTER | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0742 | SV121 | PROVIDER AGREEMENT LINE CODE | MC | NA | MC | MC | X | X | X | X | X | X | X | X | X | X | X | X |
| 0559 | SV201 | REVENUE BILLED CODE | X | X | X | X | M | NA | M | M | X | X | X | X | X | X | X | X |
| 0714 | SV202-2 | HCPCS LINE PROCEDURE BILLED CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0625 | SV202-2 | HIPPS RATE CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0715 | SV202-2 | JURISDICTION PROCEDURE BILLED CODE | X | X | X | X | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0717 | SV202-3 | HCPCS MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0718 | SV202-3 | JURISDICTION MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0717 | SV202-4 | HCPCS MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0718 | SV202-4 | JURISDICTION MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0717 | SV202-5 | HCPCS MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0718 | SV202-5 | JURISDICTION MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0717 | SV202-6 | HCPCS MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0718 | SV202-6 | JURISDICTION MODIFIER BILLED CODE | X | X | X | X | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0551 | SV202-7 | PROCEDURE DESCRIPTION | X | X | X | X | NA | NA | NA | NA | X | X | X | X | X | X | X | X |
| 0552 | SV203 | TOTAL CHARGE PER LINE | X | X | X | X | M | NA | M | M | X | X | X | X | X | X | X | SV252 |
| 0553 | SV204 | DAYS(S)/UNIT(S) CODE | X | X | X | X | M | NA | M | M | X | X | X | X | X | X | X | X |
| 0554 | SV205 | DAY(S) /UNIT(S) BILLED | X | X | X | X | M | NA | M | M | X | X | X | X | X | X | X | X |
| 0719 | SV301-2 | ADA PROCEDURE BILLED CODE | X | X | X | X | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0714 | SV301-2 | HCPCS LINE PROCEDURE BILLED CODE | X | X | X | X | X | X | X | X | X | X | X | X | MC | NA | MC | MC |

| | | Type of Medical Bill Record | Professional SV1 | | | | Institutional SV2 | | | | Pharmaceutical SV4 | | | | Dental SV3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Data Element Name (Bill Submission Reason Codes (BSRC)) | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2400 - Service Line Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0717 | SV301-3 | HCPCS MODIFIER BILLED CODE | X | X | X | X | X | X | X | X | X | X | X | X | AA | NA | AA | AA |
| 0717 | SV301-4 | HCPCS MODIFIER BILLED CODE | X | X | X | X | X | X | X | X | X | X | X | X | AA | NA | AA | AA |
| 0717 | SV301-5 | HCPCS MODIFIER BILLED CODE | X | X | X | X | X | X | X | X | X | X | X | X | AA | NA | AA | AA |
| 0717 | SV301-6 | HCPCS MODIFIER BILLED CODE | X | X | X | X | X | X | X | X | X | X | X | X | AA | NA | AA | AA |
| 0551 | SV301-7 | PROCEDURE DESCRIPTION | X | X | X | X | X | X | X | X | X | X | X | X | NA | NA | NA | NA |
| 0552 | SV302 | TOTAL CHARGE PER LINE | X | X | X | X | X | X | X | X | X | X | X | X | M | NA | M | M |
| 0600 | SV303 | PLACE OF SERVICE LINE CODE | X | X | X | X | X | X | X | X | X | X | X | X | AR | NA | AR | AR |
| 0742 | SV309 | PROVIDER AGREEMENT LINE CODE | X | X | X | X | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0561 | SV401 | PRESCRIPTION LINE NUMBER | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0721 | SV402-2 | NDC BILLED CODE | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0562 | SV405 | DISPENSE AS WRITTEN CODE | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0563 | SV408 | DRUG NAME | X | X | X | X | X | X | X | X | NA | NA | NA | NA | X | X | X | X |
| 0762 | SV410 | COMPOUND DRUG INDICATOR | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0605 | DTP03 | SERVICE LINE DATE(S) RANGE | M | NA | M | M | M | NA | M | M | M | NA | M | M | M | NA | M | M |
| 0604 | DTP03 | PRESCRIPTION LINE DATE | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0570 | QTY02 | DRUGS/SUPPLIES QUANTITY DISPENSED | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0571 | QTY02 | DRUGS/SUPPLIES NUMBER OF DAYS | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0741 | CN101 | CONTRACT LINE TYPE CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0738 | REF02 | TREATMENT LINE AUTHORIZATION NUMBER | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0579 | AMT02 | DRUGS/SUPPLIES DISPENSING FEE | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0572 | AMT02 | DRUGS/SUPPLIES BILLED AMOUNT | X | X | X | X | X | X | X | X | M | NA | M | M | X | X | X | X |
| 0627 | AMT02 | LINE ITEM TAX CHARGE AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| **Loop ID 2420 - Rendering Line Provider Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0589 | NM103 | RENDERING LINE PROVIDER LAST/GROUP NAME | AA | NA | AA | AA | NA | NA | NA | NA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0587 | NM104 | RENDERING LINE PROVIDER FIRST NAME | MC | NA | MC | MC | NA | NA | NA | NA | MC | NA | MC | MC | MC | NA | MC | MC |
| 0591 | NM105 | RENDERING LINE PROVIDER MIDDLE NAME/INITIAL | AA | NA | AA | AA | NA | NA | NA | NA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0588 | NM107 | RENDERING LINE PROVIDER LAST NAME SUFFIX | AA | NA | AA | AA | NA | NA | NA | NA | AA | NA | AA | AA | AA | NA | AA | AA |
| 0592 | NM109 | RENDERING LINE PROVIDER NATIONAL PROVIDER ID | MC | NA | MC | MC | NA | NA | NA | NA | MC | NA | MC | MC | MC | NA | MC | MC |

| | | Type of Medical Bill Record | Professional SV1 | | | | Institutional SV2 | | | | Pharmaceutical SV4 | | | | Dental SV3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| DN # | Ref. Des. | Bill Submission Reason Codes (BSRC) / Data Element Name | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| **Loop ID 2420 - Rendering Line Provider Information - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0595 | PRV03 | RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE | MC | NA | MC | MC | NA | NA | NA | NA | MC | NA | MC | MC | MC | NA | MC | MC |
| 0599 | REF02 | RENDERING LINE PROVIDER STATE LICENSE NUMBER | MC | NA | MC | MC | NA | NA | NA | NA | MC | NA | MC | MC | MC | NA | MC | MC |
| **Loop ID 2430 - Service Line Adjustments and Amounts - Situational Loop** | | | | | | | | | | | | | | | | | | |
| 0574 | SVD02 | TOTAL AMOUNT PAID PER LINE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0722 | SVD03-2 | ADA PROCEDURE PAID CODE | X | X | X | X | X | X | X | X | X | X | X | X | MC | NA | MC | MC |
| 0726 | SVD03-2 | HCPCS LINE PROCEDURE PAID CODE | MC | NA | MC | MC | MC | NA | MC | MC | X | X | X | X | MC | NA | MC | MC |
| 0728 | SVD03-2 | NDC PAID CODE | MC | NA | MC | MC | X | X | X | X | MC | NA | MC | MC | X | X | X | X |
| 0729 | SVD03-2 | JURISDICTION PROCEDURE PAID CODE | MC | NA | MC | MC | MC | NA | MC | MC | X | X | X | X | X | X | X | X |
| 0727 | SVD03-3 | HCPCS MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | AR | NA | AR | AR |
| 0730 | SVD03-3 | JURISDICTION MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | X | X | X | X |
| 0727 | SVD03-4 | HCPCS MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | AR | NA | AR | AR |
| 0730 | SVD03-4 | JURISDICTION MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | X | X | X | X |
| 0727 | SVD03-5 | HCPCS MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | AR | NA | AR | AR |
| 0730 | SVD03-5 | JURISDICTION MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | X | X | X | X |
| 0727 | SVD03-6 | HCPCS MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | AR | NA | AR | AR |
| 0730 | SVD03-6 | JURISDICTION MODIFIER PAID CODE | AR | NA | AR | AR | AR | NA | AR | AR | X | X | X | X | X | X | X | X |
| 0576 | SVD04 | REVENUE PAID CODE | X | X | X | X | AR | NA | AR | AR | X | X | X | X | X | X | X | X |
| 0580 | SVD05 | DAYS(S)/UNIT(S) PAID | AA | NA | AA | AA | AA | NA | AA | AA | X | X | X | X | X | X | X | X |
| 0547 | SVD06 | LINE NUMBER | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0731 | CAS01 | SERVICE ADJUSTMENT GROUP CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0732 | CAS02 | SERVICE ADJUSTMENT REASON CODE | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0733 | CAS03 | SERVICE ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0734 | CAS04 | SERVICE ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0732 | CAS05 | SERVICE ADJUSTMENT REASON CODE | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0733 | CAS06 | SERVICE ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |

| | | Type of Medical Bill Record | Professional | | | | Institutional | | | | Pharmaceutical | | | | Dental | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Segment used to report a product or service | SV1 | | | | SV2 | | | | SV4 | | | | SV3 | | | |
| **Bill Submission Reason Codes (BSRC)** | | | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace | Original | Cancellation | Correction | Replace |
| **DN #** | **Ref. Des.** | **Data Element Name** | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 | 00 | 01 | 02 | 05 |
| Loop ID 2430 - Service Line Adjustments and Amounts - Situational Loop | | | | | | | | | | | | | | | | | | |
| 0734 | CAS07 | SERVICE ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0732 | CAS08 | SERVICE ADJUSTMENT REASON CODE | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0733 | CAS09 | SERVICE ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0734 | CAS10 | SERVICE ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0732 | CAS11 | SERVICE ADJUSTMENT REASON CODE | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0733 | CAS12 | SERVICE ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0734 | CAS13 | SERVICE ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0732 | CAS14 | SERVICE ADJUSTMENT REASON CODE | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0733 | CAS15 | SERVICE ADJUSTMENT AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |
| 0734 | CAS16 | SERVICE ADJUSTMENT UNITS | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR | AR | NA | AR | AR |
| 0761 | AMT02 | LINE ITEM PRIOR ACTUAL AMOUNT PAID | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| 0628 | AMT02 | LINE ITEM TAX PAID AMOUNT | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC | MC | NA | MC | MC |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2010AB - Claim Administrator Information - Situational Loop** | | | | | |
| MC | 0188 | NM103 | CLAIM ADMINISTRATOR NAME | Required when the Claim Administrator is a different entity than the insurer or self-insured reported in Loop 2010AA/NM103/DN0007. | Required when NM101 equals "CX". |
| MC | 0187 | NM109 | CLAIM ADMINISTRATOR FEIN | Required when the Claim Administrator is a different entity than the insurer or self-insured reported in Loop 2010AA/NM103/DN0007. | Required when DN0188 Claim Administrator Name is reported. |
| MC | 0014 | N403 | CLAIM ADMINISTRATOR MAILING POSTAL CODE | Required when Claim Administrator information is reported in Loop 2010AB | Required when DN0188 Claim Administrator Name is reported. |
| **Loop ID 2010CA - Claimant Information - Required Loop** | | | | | |
| MC | 0042 | NM109 | EMPLOYEE SSN | DN0042 Employee SSN is the preferred ID number. If none, see DN153 Employee Green Card. If injured worker has no other identification, use "999999999." | Required when DN0153, DN0154, DN0156 and DN0152 are not reported. |
| MC | 0153 | NM109 | EMPLOYEE GREEN CARD | Required when DN0042 Employee Social Security number is not available. | Required when DN0042, DN0154, DN0156 and DN0152 are not reported. |
| MC | 0154 | NM109 | EMPLOYEE ID ASSIGNED BY JURISDICTION | Required when DN0042 Employee Social Security, DN0153 Employee Green Card, DN0152 Employee Employment Visa and DN0156 Employee Passport Number are not available. | Required when DN0042, DN0153, DN0156 and DN0152 are not reported. |
| MC | 0156 | NM109 | EMPLOYEE PASSPORT NUMBER | Required when DN0042 Employee Social Security, DN0153 Employee Green Card, and DN0152 Employee Employment Visa are not available. | Required when DN0042, DN0153, DN0154 and DN0152 are not reported. |
| MC | 0152 | NM109 | EMPLOYEE EMPLOYMENT VISA | Required when DN0042 Employee Social Security number and DN0153 Employee Green Card number are not available. | Required when DN0042, DN0153, DN0154 and DN0156 are not reported. |
| MC | 0005 | REF02 | JURISDICTION CLAIM NUMBER | Required when the insurance carrier, claim administrator, or reporting entity has received the jurisdiction's assigned claim number. | Required when segment is used by jurisdiction and REF01 = Y4. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2300 - Bill Information - Required Loop** | | | | | |
| MC | 0513 | DTP03 | ADMISSION DATE | Required when DN0504 Facility Code is an inpatient type, and either DN0516 Total Amount Paid Per Bill is not equal to 0; or DN0513 is on the bill. | Required when DN0504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 86, and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0513 is known. |
| MC | 0514 | DTP03 | DISCHARGE DATE | Required on final inpatient medical bills. | Required when DN0505 Bill Frequency Type Code equals 1 or 4. |
| MC | 0577 | CL101 | ADMISSION TYPE CODE | Required when DN0504 Facility Code is an inpatient type, and either DN0516 Total Amount Paid Per Bill is not equal to 0; or DN0577 is on the bill. | Required when DN0504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89 and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0577 is known. |
| MC | 0515 | CN101 | CONTRACT TYPE CODE | When DN0549 Paid DRG Code is present, this value must be 01 (DRG). Otherwise, this data element must be reported when the medical services are subject to contractual adjustments and the post-adjudication reimbursement was impacted by the contract, but not be 01. | When DN0549 (Paid DRG Code) is present, this value must be 01 (DRG). Otherwise, this data element must be reported when a contract impacts payment of the bill, but must not have a value of 01. |
| **HI Segment - Institutional Bill Admitting Diagnosis - Situational Segment** | | | | | |
| MC | 0535 | HI01-2 | ADMITTING DIAGNOSIS CODE | Required when DN0504 Facility Code is an inpatient type, and either DN0516 Total Amount Paid Per Bill is not equal to 0; or DN0535 is on the bill. | Required when DN0504 Facility Code is one of the following: 11, 12, 18, 21, 22, 28, 41, 65, 66, 84, 86, 89 and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0535 is known. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **HI Segment - Institutional Bill Other Diagnosis** | | | | | |
| MC | 0522 | HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2 | DIAGNOSIS CODE | Required when this element is on the bill. | Required when the value of DN0522 is known. |
| **HI Segment - Outpatient Reason For Visit - Situational Segment** | | | | | |
| MC | 0520 | HI01-2 | OUTPATIENT REASON FOR VISIT CODE | Required when DN0516 Total Amount Paid Per Bill is not equal to 0, and DN0504 Facility Code is either hospital outpatient, critical access hospital or licensed freestanding emergency medical facility type and DN0577 Admission Type Code describes the admission type as emergency, urgent or trauma and a reported DN0559 Revenue Billed Code equals one of the following values with or without a leading 0: 450, 451, 452, 456, 459, 516, 526, 762. | Required when DN0516 Total Amount Paid Per Bill is not equal to 0, and DN0504 Facility Code equals 13, 85, or 78 and DN0577 Admission Type Code equals 1, 2, or 5 and a reported DN0559 Revenue Billed Code equals one of the following values with or without a leading 0: 450, 451, 452, 456, 459, 516, 526, 762. |
| MC | 0520 | HI02-2 | OUTPATIENT REASON FOR VISIT CODE | Required when DN0520 (HI01-2) Outpatient Reason for Visit Code is required and there is another reason for the visit. | Required when DN0520 (HI01-2) Outpatient Reason for Visit Code is required and there is another reason for the visit. |
| MC | 0520 | HI03-2 | OUTPATIENT REASON FOR VISIT CODE | Required when DN0520 (HI02-2) Outpatient Reason for Visit Code is required and there is another reason for the visit. | Required when DN0520 (HI02-2) Outpatient Reason for Visit Code is required and there is another reason for the visit. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| HI Segment - Non-Institutional Diagnosis Codes - Situational Segment | | | | | |
| MC | 0521 | HI01-2 | PRINCIPAL DIAGNOSIS CODE | Required when both DN0537 Billing Provider Primary Specialty Code and DN0651 Rendering Bill Provider Primary Specialty Code are not values excluded from diagnosing an injury or illness, any DN0721 NDC Billed Code or DN0714 HCPCS Line Procedure Billed Code not beginning with A0 is paid as billed, or any DN0728 NDC Paid Code is paid, or any DN0726 HCPCS Line Procedure Paid Code not beginning with A0 is paid; and DN0516 Total Amount Paid Per Bill is not equal to 0. | Required when both DN0537 Billing Provider Primary Specialty Code and DN0651 Rendering Bill Provider Primary Specialty Code are 1) not of the following types (Type Level 1 Provider Type) as defined by Washington Publishing Company: "Respiratory, Developmental, Rehabilitative and Restorative Service Providers," "Technologists, Technicians & Other Technical Service Providers," "Other Service Providers," "Transportation Services" and 2) not any of the classifications (Type Level II Classification) as defined by Washington Publishing Company are named "Ambulance," "Pharmacist," and "Pharmacy;" and any DN0721 NDC Billed Code or DN0714 HCPCS Line Procedure Billed Code not beginning with A0 is paid as billed, or any DN0728 NDC Paid Code is paid, or any DN0726 HCPCS Line Procedure Paid Code is paid; and DN0516 Total Amount Paid Per Bill is not equal to 0. |
| MC | 0522 | HI02-2 | DIAGNOSIS CODE | Required when DN0521 Principal Diagnosis Code is required and there is another diagnosis. | Required when DN0521 Principal Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI03-2 | DIAGNOSIS CODE | Required when DN0522 (HI02-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI02-2) Diagnosis Code is required and there is another diagnosis. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **HI Segment - Non-Institutional Diagnosis Codes - Situational Segment** | | | | | |
| MC | 0522 | HI04-2 | DIAGNOSIS CODE | Required when DN0522 (HI03-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI03-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI05-2 | DIAGNOSIS CODE | Required when DN0522 (HI04-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI04-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI06-2 | DIAGNOSIS CODE | Required when DN0522 (HI05-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI05-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI07-2 | DIAGNOSIS CODE | Required when DN0522 (HI06-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI06-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI08-2 | DIAGNOSIS CODE | Required when DN0522 (HI07-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI07-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI09-2 | DIAGNOSIS CODE | Required when DN0522 (HI08-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI08-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI10-2 | DIAGNOSIS CODE | Required when DN0522 (HI09-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI09-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI11-2 | DIAGNOSIS CODE | Required when DN0522 (HI10-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI10-2) Diagnosis Code is required and there is another diagnosis. |
| MC | 0522 | HI12-2 | DIAGNOSIS CODE | Required when DN0522 (HI11-2) Diagnosis Code is required and there is another diagnosis. | Required when DN0522 (HI11-2) Diagnosis Code is required and there is another diagnosis. |
| **HI Segment - Institutional Bill Principal Procedure - Situational Segment** | | | | | |
| MC | 0550 | HI01-4 | PRINCIPAL PROCEDURE DATE | Required when DN0525 Principal Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0550 is known. | Required when DN0525 Principal Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0550 is known. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| HI Segment - Institutional Bill Other Procedure Codes - Situational Segment | | | | | |
| MC | 0524 | HI01-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI01-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI02-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI02-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI03-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI03-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI04-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI04-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI05-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI05-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI06-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI06-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI07-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI07-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **HI Segment - Institutional Bill Other Procedure Codes - Situational Segment** | | | | | |
| MC | 0524 | HI08-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI08-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI09-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI09-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI10-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI10-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI11-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI11-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| MC | 0524 | HI12-4 | PROCEDURE DATE | Required when DN0736 Other Procedure Code is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. | Required when DN0736 Other Procedure Code (HI12-2) is present and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0 or 2) the value of DN0524 is known. |
| **Loop ID 2310A - Billing Provider Information - Required Loop** | | | | | |
| MC | 0529 | NM104 | BILLING PROVIDER FIRST NAME | Required when NM102 = 1 (person) and the person has a first name. | Required when NM102 = 1 (person) and the person has a first name. |
| MC | 0569 | N404 | BILLING PROVIDER COUNTRY CODE | Required when provider address is outside the US. | Required when provider address is outside the US. |
| MC | 0630 | REF02 | BILLING PROVIDER STATE LICENSE NUMBER | Required when the billing provider does not have a National Provider ID. Use "99999" if the billing provider's type is not licensed by the state (e.g., ambulance or, durable medical equipment). | Required when DN0634 Billing Provider National Provider ID (NM109) is not reported and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0630 is known. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2310B - Rendering Bill Provider Information - Situational Loop** | | | | | |
| MC | 0639 | NM104 | RENDERING BILL PROVIDER FIRST NAME | Required when NM102 = 1 (person) and the person has a first name. | Required when NM102 = 1 (person) and the person has a first name. |
| MC | 0647 | NM109 | RENDERING BILL PROVIDER NATIONAL PROVIDER ID | Required when the rendering bill provider has a National Provider ID. | Required when the rendering bill provider has a National Provider ID. |
| MC | 0651 | PRV03 | RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE | Required when the rendering bill provider does not have a National Provider ID. | Required when loop 2310B is used and DN0647 Rendering Bill Provider National Provider ID (NM109) is not reported. |
| MC | 0643 | REF02 | RENDERING BILL PROVIDER STATE LICENSE NUMBER | Required when the rendering bill provider does not have a National Provider ID. Use "99999" if the billing provider's type is not licensed by the state (e.g., ambulance or, durable medical equipment). | Required when loop 2310B is used and DN0647 Rendering Bill Provider National Provider ID (NM109) is not reported. |
| **Loop ID 2310D - Service Facility Location Information - Situational Loop** | | | | | |
| MC | 0678 | NM103 | FACILITY NAME | Required when service was performed at an address different from the billing provider's address and either 1) the bill was paid; or 2) the facility name is known. | Required when service was performed at an address different from DN0538 Billing Provider Primary Address and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0678 is known. |
| MC | 0682 | NM109 | FACILITY NATIONAL PROVIDER ID | Required when service was performed in a facility within the US. | Required when DN0678 Facility Name is present and DN0689 Facility Country Code is not reported, or has a value of US or USA. |
| MC | 0684 | N301 | FACILITY PRIMARY ADDRESS | Required when service was performed in a facility, (e.g., hospital, ambulatory surgical center, etc.). | Required when DN0678 Facility Name is present. |
| MC | 0686 | N401 | FACILITY CITY | Required when service was performed in a facility, (e.g., hospital, ambulatory surgical center, etc.). | Required when DN0678 Facility Name is present. |
| MC | 0689 | N404 | FACILITY COUNTRY CODE | Required when service was performed in a facility outside the US. | Required when DN0678 Facility Name is present and DN0682 Facility National Provider ID is not present. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2310E - Referring Provider Information - Situational Loop** | | | | | |
| MC | 0691 | NM104 | REFERRING PROVIDER FIRST NAME | Required when NM102 = 1 (person) and the person has a first name. | Required when NM102 = 1 (person) and the person has a first name. |
| MC | 0699 | NM109 | REFERRING PROVIDER NATIONAL PROVIDER ID | Required when the referring provider has a National Provider ID. | Required when the referring provider has a National Provider ID. |
| MC | 0695 | REF02 | REFERRING PROVIDER STATE LICENSE NUMBER | Required when the referring provider does not have a National Provider ID. Use "99999" if the referring provider's type is not licensed by the state (e.g., ambulance or, durable medical equipment). | Required when DN0699 Referring Provider National Provider ID (NM109) is not reported. |
| **Loop ID 2310F - Managed Care Organization Information - Situational Loop** | | | | | |
| MC | 0209 | NM103 | MANAGED CARE ORGANIZATION NAME | Required when service was provided under the direction or control of a managed care organization. | Required when service was provided under the direction or control of a managed care organization. |
| MC | 0208 | NM109 | MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER | Required when DN507 Provider Agreement Code equals 'P' and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0208 is known. | Required when DN507 Provider Agreement Code equals 'P' and either 1) DN0516 Total Amount Paid Per Bill is not equal to 0; or 2) the value of DN0208 is known. |
| **Loop ID 2320 - Bill Level Adjustments and Amounts - Situational Loop** | | | | | |
| MC | 0543 | CAS01 | BILL ADJUSTMENT GROUP CODE | Required when adjustments apply to all service lines on a medical bill containing more than one line. | Required when DN0501 Total Charge Per Bill is not equal to DN0516 Total Amount Paid Per Bill and DN0501 Total Charge Per Bill minus DN0516 Total Amount Paid Per Bill minus the sum of all DN0733 Service Adjustment Amount values is not equal to zero. |
| MC | 0544 | CAS02 | BILL ADJUSTMENT REASON CODE | Required when adjustments apply to all service lines on a medical bill containing more than one line. | Required when DN0543 Bill Adjustment Group Code is present. |
| MC | 0545 | CAS03 | BILL ADJUSTMENT AMOUNT | Required when adjustments apply to all service lines on a medical bill containing more than one line. | Required when DN0544 Bill Adjustment Reason Code in CAS02 is present. |
| MC | 0545 | CAS06 | BILL ADJUSTMENT AMOUNT | Required when a second Bill Adjustment Reason Code applies and is associated with the same group code. | Required when DN0544 Bill Adjustment Reason Code in CAS05 is present. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2320 - Bill Level Adjustments and Amounts - Situational Loop** | | | | | |
| MC | 0545 | CAS09 | BILL ADJUSTMENT AMOUNT | Required when a third Bill Adjustment Reason Code applies and is associated with the same group code. | Required when DN0544 Bill Adjustment Reason Code in CAS08 is present. |
| **Loop ID 2400 - Service Line Information - Situational Loop** | | | | | |
| MC | 0714 | SV101-2 | HCPCS LINE PROCEDURE BILLED CODE | Required when the bill type is non-pharmaceutical and the service is not billed as any of the following: Oregon-specific service, pharmaceutical product, ADA procedure. The value must be valid when the service was paid using the same code that was billed. | Required when DN0715 Jurisdiction Procedure Billed Code, DN0721 NDC Billed Code, and DN0719 ADA Procedure Billed Code are not present. The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |
| MC | 0715 | SV101-2 | JURISDICTION PROCEDURE BILLED CODE | Required when the bill type is non-pharmaceutical and the service is not billed as any of the following: HCPCS service, pharmaceutical product, ADA procedure. The value must be valid when the service was paid using the same code that was billed. | Required when DN0714 HCPCS Line Procedure Billed Code, DN0721 NDC Billed Code, and DN0719 ADA Procedure Billed Code are not present. The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |
| MC | 0721 | SV101-2 | NDC BILLED CODE | Required when a drug is dispensed by a physician during an office visit. The value must be valid when the service was paid using the same code that was billed. | Required when DN0714 HCPCS Line Procedure Billed Code, DN0715 Jurisdictional Procedure billed Code, and DN0719 ADA Procedure Billed Code are not present. The value must be valid when SVD03-2 is not present and either DN0574 Total Amount Paid Per Line is greater than 0 or DN0574 is not reported. |
| MC | 0557 | SV107-1 | DIAGNOSIS POINTER | Required when there is a reported diagnosis code and the payment for the service line is greater than 0. | Required when DN0521 Principal Diagnosis Code is reported and either DN0574 Total Amount Paid Per Line is greater than 0 or DN0574 is not reported. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2400 - Service Line Information - Situational Loop** | | | | | |
| MC | 0557 | SV107-2 | DIAGNOSIS POINTER | Required when SV107-1 is required and there are two diagnosis pointers for this service line on the bill. | Required when SV107-1 is reported and the value of the second diagnosis pointer is known. |
| MC | 0557 | SV107-3 | DIAGNOSIS POINTER | Required when SV107-2 is required and there are three diagnosis pointers for this service line on the bill. | Required when SV107-2 is reported and the value of the third diagnosis pointer is known. |
| MC | 0557 | SV107-4 | DIAGNOSIS POINTER | Required when SV107-3 is required and there are four diagnosis pointers for this service line on the bill. | Required when SV107-3 is reported and the value of the fourth diagnosis pointer is known. |
| MC | 0742 | SV121 | PROVIDER AGREEMENT LINE CODE | Required when the provider agreement code at the line level is different than the bill level. | Required when the provider agreement code at the line level is different than the bill level. |
| MC | 0714 | SV202-2 | HCPCS LINE PROCEDURE BILLED CODE | Required when a HCPCS code is used to bill for the service. The value must be valid when the service was paid using the same code that was billed. | The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |
| MC | 0625 | SV202-2 | HIPPS RATE CODE | Required when a HIPPS rate code is used to bill for the service.The value must be valid when the service was paid using the same code that was billed. | The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |
| MC | 0715 | SV202-2 | JURISDICTION PROCEDURE BILLED CODE | Required when an Oregon specific code is used to bill for the service.The value must be valid when the service was paid using the same code that was billed. | The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |
| MC | 0719 | SV301-2 | ADA PROCEDURE BILLED CODE | Required when some amount of the bill is paid, the bill type is dental and the service is not billed as an HCPCS service. The value must be valid when the service was paid using the same code that was billed. | Required when DN0714 HCPCS Line Procedure Billed Code is not present. The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2400 - Service Line Information - Situational Loop** | | | | | |
| MC | 0714 | SV301-2 | HCPCS LINE PROCEDURE BILLED CODE | Required when the bill type is dental and the service is not billed as an ADA service. The value must be valid when the service was paid using the same code that was billed. | Required when DN0719 ADA Procedure Billed Code is not present. The value must be valid when SVD03-2 is not present and either DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported. |
| MC | 0742 | SV309 | PROVIDER AGREEMENT LINE CODE | Required when the provider agreement code at the line level is different than the bill level. | Required when the provider agreement code at the line level is different than the bill level. |
| MC | 0741 | CN101 | CONTRACT LINE TYPE CODE | Required when a contract exists between the payer and the health care provider and the information at the line level is different than the information at the bill level. | Required when a contract exists between the payer and the health care provider and the information at the line level is different than the information at the bill level. |
| MC | 0627 | AMT02 | LINE ITEM TAX CHARGE AMOUNT | Required when part of the amount charged for this service line includes a tax and the amount of tax is specified on the bill. | Required when part of either DN0552 Total Charge per Line or DN0572 Drugs/Supplies Billed Amount includes a tax and the amount of tax is specified on the bill. |
| **Loop ID 2420 - Rendering Line Provider Information - Situational Loop** | | | | | |
| MC | 0587 | NM104 | RENDERING LINE PROVIDER FIRST NAME | Required when NM102 = 1 (person) and reported on the medical bill. | Required when NM102 = 1 (person) and reported on the medical bill. |
| MC | 0592 | NM109 | RENDERING LINE PROVIDER NATIONAL PROVIDER ID | Required when the rendering line provider has a National Provider ID. | Required when the rendering line provider has a National Provider ID. |
| MC | 0595 | PRV03 | RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE | Required when the rendering line provider does not have a National Provider ID. | Required when NM109 DN0592 Rendering Line Provider National Provider ID is not present. |
| MC | 0599 | REF02 | RENDERING LINE PROVIDER STATE LICENSE NUMBER | Required when the rendering line provider does not have a National Provider ID. Use "99999" if the billing provider's type is not licensed by the state (e.g., ambulance or interpreter). | Required when NM109 DN0592 Rendering Line Provider National Provider ID is not present. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2430 - Service Line Adjustments and Amounts - Situational Loop** | | | | | |
| MC | 0574 | SVD02 | TOTAL AMOUNT PAID PER LINE | Required when the amount paid for this service line is not equal to the amount charged. | Required when the amount paid is not equal to which of the following data elements is reported: DN0552 Total Charge per Line or DN0572 Drugs/Supplies Billed Amount. |
| MC | 0722 | SVD03-2 | ADA PROCEDURE PAID CODE | Required when the service was paid more than $0.00 using a different code from the billed code and no other paid service code was used. | Required when<br>• DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported and;<br>• the service line was paid using a different service code from the billed service code or the billed service code (including any modifiers) is invalid and;<br>• there are no other paid codes reported in SVD03-2. |
| MC | 0726 | SVD03-2 | HCPCS LINE PROCEDURE PAID CODE | Required when the service was paid more than $0.00 using a different code from the billed code and no other paid service code was used. | Required when<br>• DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported and;<br>• the service line was paid using a different service code from the billed service code or the billed service code (including any modifiers) is invalid and;<br>• there are no other paid codes reported in SVD03-2. |
| MC | 0728 | SVD03-2 | NDC PAID CODE | Required when the service was paid more than $0.00 using a different code from the billed code and no other paid service code was used. | Required when<br>• DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported and;<br>• the service line was paid using a different service code from the billed service code or the billed service code (including any modifiers) is invalid and;<br>• there are no other paid codes reported in SVD03-2. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2430 - Service Line Adjustments and Amounts - Situational Loop** | | | | | |
| MC | 0729 | SVD03-2 | JURISDICTION PROCEDURE PAID CODE | Required when the service was paid more than $0.00 using a different code from the billed code and no other paid service code was used. | Required when • DN0574 TOTAL AMOUNT PAID PER LINE is greater than 0 or DN0574 is not reported and; • the service line was paid using a different service code from the billed service code or the billed service code (including any modifiers) is invalid and; • there are no other paid codes reported in SVD03-2. |
| MC | 0547 | SVD06 | LINE NUMBER | Required when the payment is bundled with a different service line. | Required when the payment is bundled with a different service line. |
| MC | 0731 | CAS01 | SERVICE ADJUSTMENT GROUP CODE | Required when line-level adjustments were applied during the adjudication of the medical bill. | For non-pharmaceutical bills (SV4 segment is not used to report the service line), this element is required when DN0545 Bill Adjustment Amount is not reported and DN0552 Total Charge Per Line does not equal DN0574 Total Amount Paid Per Line. For pharmaceutical bills (SV4 segment is used to report the service line), this element is required when DN0545 is not reported and DN0572 Drugs/Supplies Billed Amount does not equal DN0574. |
| MC | 0732 | CAS02 | SERVICE ADJUSTMENT REASON CODE | Required when line level adjustments were applied during the adjudication of the medical bill. | Required when DN0543 Bill Adjustment Group Code is present. |
| MC | 0733 | CAS03 | SERVICE ADJUSTMENT AMOUNT | Required when line level adjustments were applied during the adjudication of the medical bill. | Required when DN0544 Bill Adjustment Reason Code in CAS02 is present. |
| MC | 0733 | CAS06 | SERVICE ADJUSTMENT AMOUNT | Required when it is necessary to report another adjustment beyond what has already been reported for this service line. | Required when DN0544 Bill Adjustment Reason Code in CAS05 is present. |

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| Req Code | DN | Ref. Des. | Data Element Name | Business Condition | Technical Condition |
|---|---|---|---|---|---|
| **Loop ID 2430 - Service Line Adjustments and Amounts - Situational Loop** | | | | | |
| MC | 0733 | CAS09 | SERVICE ADJUSTMENT AMOUNT | Required when it is necessary to report another adjustment beyond what has already been reported for this service line. | Required when DN0544 Bill Adjustment Reason Code in CAS08 is present. |
| MC | 0733 | CAS12 | SERVICE ADJUSTMENT AMOUNT | Required when it is necessary to report another adjustment beyond what has already been reported for this service line. | Required when DN0544 Bill Adjustment Reason Code in CAS11 is present. |
| MC | 0733 | CAS15 | SERVICE ADJUSTMENT AMOUNT | Required when it is necessary to report another adjustment beyond what has already been reported for this service line. | Required when DN0544 Bill Adjustment Reason Code in CAS14 is present. |
| MC | 0628 | AMT02 | LINE ITEM TAX PAID AMOUNT | Required when part of the amount paid for this service line includes a billed tax. | Required when DN0574 Total Amount Paid Per Line is present and DN0627 Line Item Tax Charge Amount is present. |