

Oregon Data Elements by Source

Legend:
No. = the box or field on paper form for data element
X = payer or HCP submits the indicated data element
Other = NCPDP &/or ADA may contain data element
Notes = additional information about the data element

Highlighted yellow boxes indicate change since last version.

DN	Data Element Name	CMS 1500	UB-04	Payer	Health Care Provider	Other	Notes
513	Admission Date		12		X		
535	Admitting Diagnosis Code		69		X		
564	Basis of Cost Determination Code			X		NCPDP	
545	Bill Adjustment Amount			X			
543	Bill Adjustment Group Code			X			
544	Bill Adjustment Reason Code			X			
546	Bill Adjustment Units			X			
508	Bill Submission Reason Code			X			
503	Billing Format Code			X			
629	Billing Provider FEIN	25	5		X	NCPDP/ADA	
528	Billing Provider Last/Group Name	33	1		X	NCPDP/ADA	
634	Billing Provider National Provider ID (NPI)	33a	56		X	NCPDP/ADA	
537	Billing Provider Primary Specialty Code (taxonomy)	33b	81		X	NCPDP/ADA	
523	Billing Provider Unique Bill Identification Number		64a			NCPDP/ADA	
502	Billing Type Code			X		NCPDP/ADA	
015	Claim Administrator Claim Number	11	62a	X			
187	Claim Administrator FEIN			X			
188	Claim Administrator Name			X			
512	Date Insurer Paid Bill			X			
511	Date Insurer Received Bill			X			
31	Date of Injury	14	31a-b		X	ADA	

Oregon Data Elements by Source

DN	Data Element Name	CMS 1500	UB-04	Payer	Health Care Provider	Other	Notes
554	Days/Units Billed	24g	46		X		No place on either the NCPDP or ADA for Days/Units Billed. For pharmacy (NCPDP), DN 570 Drugs/Supplies Quantity Dispensed and DN 571 Drugs/Supplies Number of Days would be used in lieu of DN 554.
553	Days/Units Code			X			See explanation above
557	Diagnosis Pointer	24e			X		
514	Discharge Date		6	X			If there is a discharge hour on the bill, then the discharge date should be the "through" date from service date range (DN 509) located in FL 6. If there is no discharge hour, then there shouldn't be a discharge date.
562	Dispense As Written Code				X	NCPDP only	
567	DME Billing Frequency Code			X			The payer would have to determine the appropriate frequency code by the date of service range.
572	Drugs/Supplies Billed Amount				X	NCPDP only	
579	Drugs/Supplies Dispensing Fee				X	NCPDP only	
571	Drugs/Supplies Number of Days				X	NCPDP only	
570	Drugs/Supplies Quantity Dispensed				X	NCPDP only	
152	Employee Employment Visa	1a	60a		X	NCPDP/ADA	
44	Employee First Name	2	8a-b		X	NCPDP/ADA	
153	Employee Green Card	1a	60a		X	NCPDP/ADA	
154	Employee ID Assigned by Jurisdiction	1a	60a		X	NCPDP/ADA	
43	Employee Last Name	2	8a-b			NCPDP/ADA	
156	Employee Passport Number	1a	60a	X		NCPDP/ADA	
42	Employee Social Security Number	1a	60a		X	NCPDP/ADA	

Oregon Data Elements by Source

DN	Data Element Name	CMS 1500	UB-04	Payer	Health Care Provider	Other	Notes
18	Employer Name	4	65a		X	NCPDP/ADA	
504	Facility Code		4		X		
678	Facility Name	32	1		X		
682	Facility National Provider ID (NPI)	32a	56		X		
737	HCPCS Bill Procedure Code				X		
714	HCPCS Line Procedure Billed Code	24d	44		X		
726	HCPCS Line Procedure Paid Code			X			
717	HCPCS Modifier Billed Code	24d	44		X		
727	HCPCS Modifier Paid Code			X			
626	HCPCS Principal Procedure Billed Code				X		
736	ICD-9 CM Procedure Code		74 a-e		X		
522	ICD-9 CM Diagnosis Code	21 1-4	67a-q		X		
525	ICD-9 CM Principal Procedure Code		74		X		
6	Insurer FEIN			X			
7	Insurer Name	11c	50		X		
5	Jurisdictional Claim Number			X			
718	Jurisdictional Modifier Billed Code	24d			X		
730	Jurisdictional Modifier Paid Code			X			
715	Jurisdictional Procedure Billed Code				X		
729	Jurisdictional Procedure Paid Code			X			
547	Line Number			X			
208	Managed Care Organization Identification Number			X			

Oregon Data Elements by Source

DN	Data Element Name	CMS 1500	UB-04	Payer	Health Care Provider	Other	Notes
721	NDC Billed Code	24d			X	NCPDP	
728	NDC Paid Code			X		NCPDP	
555	Place of Service Bill Code				X		
600	Place of Service Line Code	24b			X		POS Line Code DN 600 is only for the CMS 1500 and ADA. Since there can only be one location/facility for the services rendered on a hospital bill, the UB-04 would not have a POS Line Code. The Facility Code DN 504 (first 2 digits) will provide the type of facility where services were performed for the hospital bill (UB-04).
527	Prescription Bill Date				X	NCPDP only	DN 527 Prescription Bill Date (date prescription was filled) is specific to pharmacy bills (NCPDP). The Bill Date for all other bill types (CMS 1500, UB-04, ADA) is found in Loop 2300, DTP segment, DN 510 Date of Bill.
604	Prescription Line Date				X	NCPDP only	
561	Prescription Line Number				X	NCPDP only	
521	Principal Diagnosis Code		67		X		See DN 522 ICD-9 DX Code for CMS 1500 (box 21, lines 1-4).
550	Principal Procedure Date		74		X		
524	Procedure Date	24a	45		X		
507	Provider Agreement Code			X			
642	Rendering Bill Provider FEIN	25			X		Box 25 on the CMS 1500 is designated for reporting the tax ID number of the provider "being paid." In some cases this maybe the same as the "rendering" provider but not always. When the "billing" and "rendering" providers are different, report only the "billing" provider's tax ID in box 25.

Oregon Data Elements by Source

DN	Data Element Name	CMS 1500	UB-04	Payer	Health Care Provider	Other	Notes
638	Rendering Bill Provider Last/Group Name	31	76d				A jurisdiction may use and map box 31 (Prov Signature) on the CMS 1500 to the Rendering Provider Last /First Name. For the UB-04, the Attending Physician (FL 76d is used for the Rendering Bill Provider Last/First Name); FL 76a = Attending NPI and FL 76c = secondary ID Number.
647	Rendering Bill Provider National Provider ID		76a		X		
651	Rendering Bill Provider Primary Specialty Code (taxonomy)		76c		X		
643	Rendering Bill Provider State License	31	76c		X		For the CMS 1500, in box 31, the rendering bill provider's state license # may be provided. For the UB-04, this information may be populated in the Attending Physician, 2nd Provider ID #, FL 76c.
592	Rendering Line Provider National ID	24j_2			X		For CMS 1500, the NUCC instructions say "Situational" and points to box 24j_2. There are no line level provider fields on the UB-04.
595	Rendering Line Provider Primary Specialty Code (taxonomy)	24j_1			X		See above note.
586	Rendering Line Provider FEIN				X		See note on DN642, Rendering Bill Provider FEIN. The same applies to the Rendering Line Provider FEIN.

Oregon Data Elements by Source

DN	Data Element Name	CMS 1500	UB-04	Payer	Health Care Provider	Other	Notes
599	Rendering Line Provider State License	24J_1			X		On the CMS-1500, box 24J_1 can contain the either the taxonomy code or state lic # (based on the qualifier in box 24I). OR instructs that the state license # is reported only when there is no NPI for the rendering provider.
615	Reporting Period			X			
559	Revenue Billed Code		42		X		
576	Revenue Paid Code			X			
733	Service Adjustment Amount			X			
731	Service Adjustment Group Code			X			
732	Service Adjustment Reason Code			X			
509	Service Bill Date(s) Range		6		X		
605	Service Line Date(s) Range	24a	45		X		
516	Total Amount Paid Per Bill			X			
574	Total Amount Paid Per Line			X			
501	Total Charge Per Bill	28	47_23		X		Note; on the UB-04 paper form, this information is reported on column 47, FL 23.
552	Total Charge Per Line	24f	47		X		
566	Total Charge Per Line – Purchase	24f			X		Not reported on the UB-04
565	Total Charge Per Line – Rental	24f			X		Not reported on the UB-04
266	Transaction Tracking #			X			
500	Unique Bill ID Number			X			