

**Oregon Hospital Data Coordinator Manual**  
**Update History Table**

<b>Date</b>	<b>Update Type</b>	<b>Page Numbers</b>
06/13/11	<ul style="list-style-type: none"> <li>• Verbiage updated for use of XX8 process to delete previously submitted records</li> <li>• Accident State code 99 added for foreign countries</li> <li>• Requirements for Operating Clinician updated to reflect surgical range by Revenue Codes</li> <li>• Loop designation updated for 1<sup>st</sup> Individual Payer ID in 837 5010 specs</li> <li>• Segment examples updated for POA &amp; diagnosis fields in 837 5010 specs &amp; Appendix</li> <li>• Segment example updated for qualifier on Other Clinician in 837 5010 specs &amp; Appendix</li> <li>• Verbiage added noting CPTs/HCPCs only to be reported in SV2 segment in 837 as of 4/01/11 cases</li> <li>• Entire Error Code Reference Sheet reformatted</li> <li>• New error message added to Error Code Reference Sheet</li> <li>• Glossary and Common Terminology reference sheets updated with current reference items</li> <li>• Errata designation updated to A2 in header example in 837 5010 Appendix</li> <li>• DTP typo correct in outpatient record description in 837 5010 Appendix</li> </ul>	<ul style="list-style-type: none"> <li>• 27, 60, 93</li> <li>• 54, 78, 94</li> <li>• 75, 105</li> <li>• 91</li> <li>• 88, 100, 102, 229, 231, 235, 236</li> <li>• 105, 237</li> <li>• 107</li> <li>• 135-150</li> <li>• 146</li> <li>• 211-214</li> <li>• 228</li> <li>• 233</li> </ul>
02/25/11	<ul style="list-style-type: none"> <li>• Updated outpatient category range by revenue codes</li> <li>• Flat File Format: Former outpatient procedure fields 1-25 replaced with filler fields per new reporting requirements <ul style="list-style-type: none"> <li>✓ Elements #s 22, 23, 25-34, 135-172 now filler</li> <li>✓ Send CPTs/HCPCs only in Service Line Items = element #s 203-246</li> <li>✓ (Note: 837 format was already</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> <li>• 62, 67, 68, 73, 74</li> </ul>

	<p>updated for this change in last manual release)</p> <ul style="list-style-type: none"> <li>• Error Code Reference Sheet Updated <ul style="list-style-type: none"> <li>✓ New error message verbiage added</li> <li>✓ Existing error verbiage updated</li> <li>✓ Element #s and Segment #s updated to match new numbering in specs</li> </ul> </li> <li>• IP DSVR updated with new formatting and explanation</li> <li>• HAC column removed from AdHoc Report info</li> <li>• 837 5010 Appendix: removed HI*BP segment from outpatient record example, as is no longer allowed on 5010</li> </ul>	<ul style="list-style-type: none"> <li>• 135-150</li> <li>• 152-153</li> <li>• 206-207</li> <li>• 233</li> </ul>
10/15/10	<ul style="list-style-type: none"> <li>• Late Load processing information updated</li> <li>• File specs updated to reflect the following changes: <ul style="list-style-type: none"> <li>✓ Bill Types 430/830/850 added</li> <li>✓ Principal Dx cannot be repeated in Other Dx fields</li> <li>✓ Point of Origin code 7 discontinued</li> </ul> </li> <li>• 837 specs updated for new 5010 version <ul style="list-style-type: none"> <li>✓ <b>Please pay special attention to the new Qualifiers for use with ICD-10 diagnoses</b></li> <li>✓ <b>Look for an upcoming webinar on the changes for the 837 5010</b></li> </ul> </li> <li>• System requirements &amp; browser setting changes</li> <li>• Error Code Reference Sheet updated to reflect the following changes: <ul style="list-style-type: none"> <li>✓ Principal Dx cannot be repeated in Other Dx fields – new edit added</li> <li>✓ Point of Origin edit verbiage changed</li> <li>✓ Revenue Code error messages updated</li> </ul> </li> <li>• AdHoc System screen changes and explanations of flag abbreviations added</li> <li>• 837 5010 Appendix added</li> </ul>	<ul style="list-style-type: none"> <li>• 9</li> <li>• 24-55, 59-89, 94-112</li> <li>• 94-112</li> <li>• 113-117</li> <li>• 139-152</li> <li>• 206, 207, 209</li> <li>• 229-239</li> </ul>
04/12/10	<ul style="list-style-type: none"> <li>• <a href="http://www.compdatainfo.com">www.compdatainfo.com</a> website summary added</li> <li>• OS range updated</li> <li>• Data Submission Highlights updated</li> <li>• File specs updated to reflect the following changes: <ul style="list-style-type: none"> <li>✓ 110 Bill Type updated for NCCs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 5</li> <li>• 10</li> <li>• 11</li> <li>• 24-58, 60-95, 100-119</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Added non-covered charges to charge fields</li> <li>✓ MLN #s referenced for NCCs and NEVs</li> <li>✓ New Bill Types 121 &amp; 130 added</li> <li>• COMPdata system requirements updated</li> <li>• Feedback report overview &amp; resources page updated</li> <li>• Potential Duplicate Report added</li> <li>• Recap updated for NCCs &amp; NEVs</li> <li>• IP DSVR updated for NCCs</li> <li>• DQSR charity and workers' comp. payer additions</li> <li>• AdHoc screen and report updates</li> <li>• 837 Appendix updated for non-covered charges</li> </ul>	<ul style="list-style-type: none"> <li>• 124</li> <li>• 138</li> <li>• 139, 166-167</li> <li>• 140-142</li> <li>• 162-163</li> <li>• 176-178, 189-191</li> <li>• 211-219</li> <li>• 235</li> </ul>
01/14/10	<ul style="list-style-type: none"> <li>• Nationally deleted T-Codes and G-Codes removed from OS range</li> <li>• Conversion of <a href="http://www.compdata.org/three_links">www.compdata.org/three_links</a> URL to simplified <a href="http://www.compdata.org">www.compdata.org</a> URL</li> <li>• Specs updated to reflect that only NPIs are accepted as Clinician IDs</li> <li>• Updated clinician qualifier for 837 file format</li> <li>• Feedback Report retrieval screen prints updated</li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> <li>• 11, 14, 123, 125, 196, 197, 210</li> <li>• 41, 42, 53, 76, 77, 84, 118</li> <li>• 118</li> <li>• 203-204</li> </ul>
12/01/09	<ul style="list-style-type: none"> <li>• T-Code OS range changes</li> <li>• New national Patient Discharge Status added</li> <li>• Facility NPI info updated in 837 segment specs and example</li> <li>• NPI Excel file upload option removed from EFT instructions</li> <li>• Newly updated Error Code Reference Sheet</li> <li>• Updates for new DQSR and DSVR date selection functionality</li> </ul>	<ul style="list-style-type: none"> <li>• 10</li> <li>• 33, 69, 110</li> <li>• 102</li> <li>• 131-135, 139</li> <li>• 147-160</li> <li>• 204-205</li> </ul>
07/16/09	<ul style="list-style-type: none"> <li>• Update to Three Links URL</li> <li>• Changes to system selection screens</li> <li>• Updates to 837 segment examples in format specs</li> <li>• Updates to COMPdata software installation instructions</li> <li>• Additional information regarding special character use in file names</li> <li>• Newly updated Error Code Reference Sheet</li> <li>• Self Pay sub-category added to DQSR</li> </ul>	<ul style="list-style-type: none"> <li>• 13, 190, 191</li> <li>• 14, 19, 192, 201</li> <li>• 100-119</li> <li>• 121-125</li> <li>• 129</li> <li>• 143-154</li> </ul>

	<ul style="list-style-type: none"> <li>display</li> <li>Section added regarding new AdHoc Report function</li> <li>New 837 Appendix added</li> </ul>	<ul style="list-style-type: none"> <li>168-170, 181-183</li> <li>203-211</li> <li>216-226</li> </ul>
02/11/09	<ul style="list-style-type: none"> <li>Late load policy section moved</li> <li>XX8 process clarified</li> <li>Outpatient surgical range code addition</li> <li>Data submission highlights section updated and moved</li> <li>New online count entry section</li> <li>Outpatient service line item and revenue code clarification</li> <li>837 element separator information</li> <li>Clinician mismatch verbiage removed</li> <li>Feedback report verbiage updates</li> <li>NPI submission section removed</li> <li>Feedback system screen changes</li> </ul>	<ul style="list-style-type: none"> <li>6</li> <li>9</li> <li>10</li> <li>11</li> <li>12 – 20</li> <li>71, 90, 118</li> <li>100</li> <li>136, 137, 190, 198</li> <li>139 – 183</li> <li>184+</li> <li>188 – 197</li> </ul>
10/02/08	<ul style="list-style-type: none"> <li>EFT site screen changes</li> <li>E-Code range update for Accident State requirement</li> </ul>	<ul style="list-style-type: none"> <li>117 - 125</li> <li>46, 78, 94</li> </ul>
07/09/08	<ul style="list-style-type: none"> <li>Edit Error Code Reference Sheet update</li> <li>Patient Discharge Status national coding changes</li> </ul>	<ul style="list-style-type: none"> <li>137 – 145</li> <li>20, 22, 57, 59, 98, 99</li> </ul>
04/22/08	<ul style="list-style-type: none"> <li>Single field characters on Expanded Flat File Format</li> <li>837 Format loop and POA coding for E-Codes</li> <li>837 Format loop for Race and Ethnicity</li> <li>837 Format loop for Outpatient Procedures / Service Line Items</li> <li>Late Load Policy</li> <li>Birth Weight Values</li> </ul>	<ul style="list-style-type: none"> <li>47, 86</li> <li>100, 101, 102, 103</li> <li>92</li> <li>103</li> <li>6</li> <li>47, 105</li> </ul>