

### Revised Oregon Event Table

EVENT			PRODUCTION LEVEL IND.	IMPLEMENTATION DATE		REPORT TRIGGER CRITERIA	REPORT TRIGGER VALUE	EFFECTIVE DATE		REPORT DUE	
BILL SUBMISSION REASON	REPORT TYPE	SUBMISSION DESCRIPTION REASON		FROM	TO			FROM	TO	CRITERIA	VALUE
OO	Original		T = Test P=Production			Periodic	TBD by Trading Partners			Within 90 days of date paid	Weekly Monthly
O1	Cancellation					Bill submission '00' sent to jurisdiction in error	Reversal of an '00' transaction			immediate	Within 90 days of payer action or knowledge; must be greater than date of '00'
O5	Replace					Bill submission code '00' has been sent to jurisdiction	Replacement of following previously submitted: CIm Admin. Claim #; Prov. Type; Location of Service; Total Amt. Pd. Per Bill; Total Amt. Pd. Per Line			immediate	Within 30 days of: a) payer knowledge of change in: <b><u>DN187, Claim Admin. FEIN; DN600 Place of Svc. Line Code or DN555, Place of Svc. Bill Code; DN651 or 595.</u></b>

												<u>Rendering</u> <u>Bill/Line</u> <u>Provider</u> <u>Primary</u> <u>Spec.</u> <u>Code;</u> <u>DN516,</u> <u>Total Amt.</u> <u>Pd. Per</u> <u>Bill or</u> <u>DN574,</u> <u>Total Amt.</u> <u>Pd. Per</u> <u>Line.</u>